	FOR 1 - STATE REGISTRAR	STATE OF MARYLANI	D / DEPAR	TMENT OF I	EALTH AND	MENTA	L HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		OSCAR			2. DATE MONTO	OF OEATH		3. TIME OF DEATH O 11. 45 PM		
	4. SOCIAL SECURITY NUMBER 212-03-5955	1 XM 2 0 F 7	3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	/Mon	of BIRTH th, Day, Year) 7, 19	-	BIRTHPLACE (State or Foreign Country) MARYLAND		
DIRECTOR	96. FACILITY NAME (If not institution, give st SINAI HOSPITAL	reet and number)			TIMORE	DEATH		9c. COUNTY	OF DEATH		
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY		
HI	MARYLAND		23	BALTI	MORE				LIMITS? 1 N YES 2 □ NO		
AL	10e. STREET AND NUMBER			10	. ZIP CODE		T	10g. CITIZEN	OF WHAT COUNTRY?		
ER	2209 ROGENE DR., A	PT. 101			212	209		US	SA .		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN U.S FORCES? 1X YES 2 IF YES GIVE WAR OR DATES WWII - ARMY	NO	13. WAS DEG	ecify Cuben, Maxie 2 NO Spec	ANIC ORIGI cen, Puerto city:	N? (Specify Yea o Rican, atc.)	f No- 14.	RACE — American Indian, Black, Whita, atc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EOUC (Specify only highest grade		. DECEOENT'S	USUAL OCCUPATI	ON asl of working	16	b. KIND OF BUSIN	ESS/INDUST	RY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)	•			. 1			
MP	17. FATHER'S NAME (First, Middle, Last)		PRO	PRIETOR			-		RON CO.		
	EMANUEL LURAY						Middle, Malden Su	irname)			
BE	19a, INFORMANT'S NAME (Type/Print)		19h MAH ING	Annuese /Street	EDNA and Number or Rura		SENZWOG	State 7to Co.	(0)		
2	MRS. ROSE LURAY	1			DR., APT			PIMORE	·		
	20a. METHOD OF DISPOSITION XXX Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State 20b. PL	er place)	ISRAEL	metery, crematory or		20c. LOCA		or Town, State MORE, MD		
	21. SIGNATURE OF FUNERAL BERVICE LIC	ofer 111			ND ADDRESS OF F				HORLIT FID		
	* Aglueyl X	tellman			LEVINSO REISTE).,MD 21215		
-	23 PART I. Enter the diseases, pro	omplications that caused the	e death. Do r	ot anter the me	da of dying, au	ich aa car	diac or respira	tory arrest,	Approximata		
	shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Congestive Heast Failure 21 da										
		DUE TO (OR AS A COL	NSEOUENCE OF	7. 4					21 104		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A COI	NSEQUENCE OF	F):	- 11				2 dags		
IFIC.	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS A CO	NSEQUENCE OF	ጉ):							
EH	resulting in death) LAST	1									
	PART II. Other significant condition	a contributing to death but n	Ot resulting I	in the underlyin	g ceuse given i	n Part i.	24a, WAS AN AL	JTOPSY	24b. WERE AUTOPSY FINDINGS		
DICAL							PERFORM 1 TYES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDI								`	1 TES 2 NO		
ż		₩.						_			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P	ACE OF OEATH (C	Check only o	ne)				
YS	1 TYES 2 NO	1 Inpatient 2 ER/Outpetier		4 - Nursing Hor	e 5 🗆 Realdence	6 🗆 Oth	er (Specify)				
	27. MANNER OF DEATH 1. Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY W	URY AT ORK? YES 2 NO	26d. OE	SCRIBE HOW INJ	URY OCCUR	ED		
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — A	At home, farm, a			261, LO	CATION (Street and	d Number or F	Rural Route Number,		
COMPLETED	4 Homicide determined	building, etc. (Specify)	1			City	or Town, State)				
PL		CIAN: To the best of my knowledge									
CON	one) 2 MEDICAL EXAMINE	R: On the besis of examination and	d/or Investigatio	n, in my opinion,	leath occured at th	na time, dat	a and place, and	dua to the ca	nuse(a) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	4	F - 0	FFICER	29c, LICENSE N	UMBER	1	29d. DATE SI	GNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO							03	3/02/90		
	SWATI DE				BALTI	mor.	E, M	DZ	1215		
	MAR 07 1990	The Best des rocky	1200				/				
	11111111	(

VALID ONLY
WITH
IMPRESSED
SEAL

DATE ISSUED:

3	1 - STATE REGISTE
	1. DECEDENT'S

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF	DEATH	RE	G. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	Josephine	P. Mazar	Maz	an	2. DATE OF DE MONTH	DAY	YEAR	3. TIME OF DI	A M		
	4, SOCIAL SECURITY NUMBER 216 18 3068		(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIL		8. BIRTI	PLACE (Store of	Foreign		
OR	9a. FACILITY NAME (If not institution, give st Dorchester Gene	reet and number) ral Hospital		96. CITY, TOWN	on LOCATION OF DE	EATH		Dorchester Co				
FUNERAL DIRECTOR	nesidence of decedent 100. STATE 10b. COUNTY Maryland Palt	imore	10c. CITY	town or Local Baltimo					10d. INSIDE CITY LIMITS? 1 VES 2 2			
ERAL	391 King Ave.			10	21237			Pola	what country	7		
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	t2. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	ENDENT OF HISPAN ecify Cuben, Mexice Specify	n, Puerto Ricen,		14. RAC Blac Spec	E — American III ik, White, etc.			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secoedary (0-12)		USUAL OCCUPATION OF RESTREET	st of working	16b. KIND	OF BUSINESS/IN		ctory				
COM	17. FATHER'S NAME (First, Middle, Last) Andrea Pas	ek	l		18. MOTHER'S NA Henr	ME (First, Middle,	Malden Surname)					
TO BE	190. INFORMANT'S NAME (Type/Print) Melvin J. Maza	n, Son	19b. MAILING	ADDRESS (Street	and Number or Rural I Balto.	Route Number, Cit	y or Town, State, 2 1237	(ip Code)				
	20s. METHOD OF DISPOSITION 1 Aburial 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify)											
	21. SIGNATURE OF FUNERAL SERVICE LIC	undefre	k		no address of FA dzinski Old Eas				. Md. 2	21221		
CERTIFICATION	shock, or heart feliura, that only one cause on each line. To UTI IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of):											
EDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Communited fx of (2) Tenus CHF Organic Vicenation of Diese 10 (OR AS A CONSEQUENCE OF): 1 Yes 2 NO 246. WERE AUTOPSY FINDINGS AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO											
AN	25. WAS CASE REFERRED TO MEDICAL	dea on y		26. P	LACE OF DEATH (Ch	neck only one)		_				
SIC	EXAMINER? (1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	tpatient 3 DOA	OTHER:	ne 5 🗆 Residence	8 Other (Spe	clfy)					
BY PHYSICIAN: M	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	URY W	JURY AT DRK? YES 2 NO	28d. DESCRIB	E HOW INJURY O	CCURED				
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJUR building, etc. (Spo	Y — At home, farm, s acily)	treet, fectory, offi	20	281, LOCATION (Street end Number or Rural Route Number, City or Town, State)						
COMPLETED	anal any	ICIAN: To the best of my known							(s) and manner :	is stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIES	annan			29c. LICENSE NU	MBER	29d. D/		10 (Month, Day, Y	ear)		
٩	30. NAME AND ADDRESS OF PERSON WH	o completed cause of d	bridge	Print) 2161	3, Dr	. Tanma	in					
	31. DATE FILED (MORITY, Day, Year) MAR 0 7 1990	32. REGISTRAR'S SIG										

03-3146

BALTIMORE, MARYLAI

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by my TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. High and the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MAR 07 1990

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARY		DEPAR RTIF					MENTAL	HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH
	Carl A.	Moesta							MONTH 3	2	9	YEAR	6:30 a м
	4. social security number 214-18-0399	5. SEX 8. AG	BE (In yrs. lest	birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Month	DF BIRTH , Day, Year)	909	Count	HPLACE (State or Foreign ny) Virginia
	9a. FACILITY NAME (If not institution, give a	street and number)			9b. CITY	TOWN C	R LOCATIO	ON OF DE	ATH	1 1.		NTY OF D	
TOR	830 W. 40th S	treet			В	alti	imor	е					
DIRECTOR	10a. STATE 10b. COUNT	Y			, TOWN C								10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			υa	1 (1)		. ZIP CODI						1) YES 2 NO
ERA	830 W. 40th S	treet				101	212				10g. CI1	USA	WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 N	MED		f yes, sp	ENDENT C	F HISPAN n, Mexical	n, Puerto F	? (Specify Yes	or No—	14. RAC	E — American Indian, k, White, atc.
	15. DECEDENT'S EDU	CATION	18a DE6	CEDENT'S	IISIIAI O	CCUBATIO	NA.		185	KIND OF BU	SIMESS/IM	DUSTRY	WILLCE
COMPLETED	(Specify only highest grade Elementary/Secondery (0-12)	Completed) College (1-4 or 5 +)	(Gir life.	ve kind of w Do NOT us	vork done e retired.)	during mo	at of working						
₹	12	-	Ae	eros	рас	e Er				Engi	_	ing	
BE CO	17. FATHER'S NAME (First, Middle, Lest) Rudulph S.	H. Moest	а				18. MOTI		tha.	Middle, Maiden Bac			
5	19a. INFORMANT'S NAME (Type/Print) Irma S, Moes	ta_								or, City or Tow		p Code) 2 1 2 1	1
	20a. METHOD OF DISPOSITION 1	oval from State	20b. PLACE other pla	ical .				-	ter	20c, LO	cation -	-	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			_		ND ADDRE			,			
	*William "	Pere.	111		Н	. Ш	. Je	enki	ns -	Sons	Co.	Bal	to.,Md.
	23. PART I. Enter the diseasea, prahock, prheart fellure.	complications that cause	sed tha da	ath. Do n	not anter	the mo	de of dy	ing, sucl	h as card	liac or resp	Iratory ar	reat,	Approximate
	IMMEDIATE CALICE (Final				,	1/1 1	**		Han				Onset and Death
	resulting in death)	a. Sudde DUE TO (OR A b. Cuma	S A CONSEC	DUENCE OF	F):	-	0((AVIO	- (200		3/0-	
NO	ordonition, not optioning	b. Cuma DUE TO (OR A	S AGONSEC	DUENCE OF	F):	إنكسا	Seas	e.	SIC	CHB	5	185	
CAT	If any, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury	c											
CERTIFICATION	thet initieted events resulting in death) LAST	DUE TO (OR A	S A CONSEC	DUENCE OF	F):								
	PART II. Other significant condition	ne contribution to death	h hut mat a	a a ulal man 1	las Albasi	al alada da		alizza (a	D 1			1	
DICAL	Dry, HTW,	CRF, ne	mp	ath	4	A.	65	given in		24a. WAS AN PERFOI 1 YES	RMED?	241	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC)		<u> </u>						1 YES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF D	EATH (Ch	eck only or	e)			
Sic	EXAMINER? 1 ☐ YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/0	Outpetient 3	□ DOA	4 Nu		10 5 R	esidence	8 🗌 Othe	r (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJUF (Month, Day, Yea		28b. TIM INJ	E OF URY M		URY AT ORK?	NO	28d. DES	CRIBE HOW	INJURY OC	CURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJU building, atc. (S	JRY — At ho Specify)	me, farm, s	streat, fac	tory, offic	a			ATION (Street or Town, State		or or Rural	Route Number,
Ē	29a. CERTIFIER	NOTANI, To the heat of any he	andreas de		4.00								
COMPLETED	and a start of the	ER: On the best of my kr											s) and manner as stated.
H	29b. SIONATURE AND TITLE OF CERTIFIE	L~ MD						ENSE NUA			29d. DA	TE SIGNE	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WE Donna Dow MM					Нос	1 t h	Car	ra C	enter	n Ra	1+0	MH

he bural-transit permit, Pages 1, 2, 3 should

ng physician.

MAR 07 1990

Gaines

32 REGISTRAR'S SIGNATURE

	FOR STATE REGISTRAR	STATE OF M	MARYLAND /		RTMEN'				MENTAL	HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	liam S.	Merri	ck					2. DATE OF MONTH	F DEATH DA		YEAR	3. TIME OF DEATH 5. 45	Pi
	4. SOCIAL SECURITY NUMBER 216-03-8162 A	5. SEX	8. AGE (In yrs. les		IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF	BIRTH (189)	3	8. BIRT Coun	HPLACE (State or Foreign MD.	7
	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	, TOWN C	R LOCATI	ON OF DE				INTY OF	DEATH	\neg
5	205 Woodbroo	k Lane			Ba	1 + 1	more	a :			Ва	lto		
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			1 40 - 017	y. TOWN								Tana maras armi	
DIRECTOR	MD.	BALTIM		LTI								10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 205 WOOD	BROOK I	ANE			101	. ZIP COD	€ 212	12		100	J.S.	A.	
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN 1.S. ARMED FORCES? 1 YES YEN NO IF YES, GIVE WAR OR DATES					If yes, sp	ENDENT Cube	in, Maxica	NIC ORIGIN? in, Puerto Ric y:	(Specify Yea an, atc.)	or No-	Blac	CE — American Indian, ck, White, etc. Cify: WHITE	
밀	15. DECEDENT'S EDUC (Specify only highest grade		(G	ilve kind of	USUAL O			ng	16b. F	IND OF BUS	SINESS/IN	DUSTRY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	+) #fe.	. Do NOT u	rse retired.)	BA	NKEF	?	В	ANKI	NG			
	17. FATHER'S NAME (First, Middle, Last) SAMUEL K. MERRICK MARY C. GRAFF													
TO BE	198. INFORMANT'S NAME (Type/Print) SAMUEL S. MER	RICK	19	5. MAILING	IG ADDRESS (Street and Number or Rural Route Number, City or Town, St CHAPEL RIDGE ROAD. LUTH									
1	20a. METHOD OF DISPOSITION 1 Surfel 2 Cremetion 3 Remo	oval from State	20b. PLACE other pl	lecel.	SITION (N								Town, State E, MD. 2122	29
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	-	-	22. NAME AND ADDRESS OF FACILITY						,	_		
	P. M. Rutt				Н	enr	y W.	Je	nkin	s 491	05 Y	ork	: Ru.Balt	.0.
	23. PART I. Enter the dieeeses, or of shock, or haert failure.	omplications the	it caused the da	ath. Do	not ente	tha mo	da of dy	ing, suc	h as cardia	c or reepl	iratory a	rrest,	Approximats Interval Betw	
	IMMEDIATE CAUSE (Finel													
CERTIFICATION	Sequentially list conditions, if any, isading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST a. **Number of Parametrical Cause of Property in the Initiated events resulting in death) LAST **DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
MEDICAL (PART II. Other significant condition	e contributing to	death but not i	resulting	in the u	nderlyln	g cause	given in		PERFOR	RMED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF 1	DEATH (C/	neck only one,)				
SIC	EXAMINER? 1 YES 2 (NO	HOSPITAL:	ER/Outpatient 3	DOA	4 Nu		o 5 □(A	ealdence	8 🗆 Other	(Specify)				
BY PH	27. MANNER OF DEATH 1 Naturel 5 Pending 2 Applicant Investigation	28a. DATE Of (Month, i	FINJURY Day, Yoar)	28b. Til	4 Nursing Home 5 Residence IME OF 28c, INJURY AT WORK? M 1 YES 2 NO				28d. DEŞCRIBE HOW INJURY OCCURED					
ED	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE (building	28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Run City or Town, State)							er or Rura	l Route Number,			
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	The state of the s											e(a) and manner as state	ıd.
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIED	tras f	10.05	7			1	ENSE NU	MBER 65	6			ED (Month, Day, Year)	- ×

6565 N.

Charles Stt.Balto., Md.

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P. U. BOX 13146	certificate
7.	death
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4	The
OF VIIAL	PHYSICIAN:
DIVISION	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed
5	OR
_	SPITAL

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

66, BALTIMORE, MARYLAND 21203-3146	0 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	imposed more in by the territory page of another the comment of th	event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed by the attending helpidage and not not be classed in proceeding physician and not	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	RANK M	IALECKI			2. DATE OF DEATH MONTH DATE 3	0.4	
4. SOCIAL SECURITY NUMBER 215-05-7349A	1 📈 M 2 🗆 F	78 YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2 - 19 - 12	M.	RTHPLACE (State or Foreign buntry)
9a. FACILITY NAME (If not institution, give s FRANCIS SCOTT A RESIDENCE OF DECEDENT			ALTIM	ORE	EATH	9c. COUNTY O	F DEATN
MARYLAND 106. COUNTY	Y		IMORE				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 2900 HUDSON STR			2	1224		USA	OF WNAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Niconed 4 Divorced	12. WAS DECEOENT EVER II FORCES? 1 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, spe		NIC ORIGIN? (Specify Yee an, Puerto Rican, etc.) fy:	or No — 14. R	ACE — American Indian, Black, White, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use re MAINTENA	done during mo- tired.)	N It of working	AMERIC		
17. FATNER'S NAME (First, Middle, Last) JOSEPH MALE	ECKI			AGNES		ISKI	
190. INFORMANT'S NAME (Type/Print) MRS. PAULINE MA 200. METHOD OF DISPOSITION	200	2900 H	UDSON	STREE	T BALTO. 20c. LO	MD. 2	1224 or Town, State
1 (X Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 7. SIGNATURE OF FUNERAL SERVICE LI 23. PAINT I. Enter the disease, or shock, or heert failure.	CENSEE /		KACZO 2525	ROWSKI FLEET	FÜNERAL ST. BALTI	MORE,	MD. 21224 Approximata Intervel Between
Sequentieily list conditions,	Coronary DUE TO (OR AS A	Artery in consequence of:	nsuff	icienc		se	Onaet and Death
PART II. Other algnificant condition Chronic	ne contributing to death t Heart Fail		he underlying	cause given in	Pert J. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES XXNO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATN XX Natural 5 Pending Investigation	HOSPITAL: 1 □ Inpetient X M ER/Out 28a. DATE OF INJURY (Month, Day, Year) NONE	28b. TIME O INJURY	THER: Nursing Hom F 28c. INJ WC M 1	URY AT RK? 'ES 2 1 NO	6 Other (Specify) 28d. OESCRIBE NOW I	IONE	
one)	building, etc. (Spe	NONE	it the time, date	and place, end du		NON	Е
29b. SIGNATURE AND TITLE OF CENTIFIE	HO COMPLETED CAUSE OF D	MN	M nt)	BAlto	WASER \$ 5		ine(e) end menner ee atated.

BALTIMORE, MARYLAND 21203-

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	ped	PA	9
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x nours after death. Page 6 may be retained by the I	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detathed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at onc
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	IVSII	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ed,
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MAR 07 1990

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE,

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)	ICE MYERS	<u> </u>			2. DATE OF DEATH		3. TIME OF DEATH 3:20 PM			
	4. SOCIAL SECURITY NUMBER 220-40-9160 9e. FACILITY NAME (If not institution, give sin	1 🗆 M 2 📈 F	(In yrs. lest birthday) 73 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 10/19/19		MRTHPLACE (State or Foreign Country) MARYLAND			
TOR	GREATER BALTIMOF	•	CENTER	· ·	OWSON _	AID		IMORE			
DIRECTOR		TIMORE	10c. CIT	Y, TOWN OR LOCAT	RE			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 7021 LACHLIN CIRCL 11. MARITAL STATUS	E 12. WAS DECEDENT EVER	IN IL C ARMED		21239	IIC ORIGIN? (Specify Ye	U	S.A. BACE — American Indian,			
₽	1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 1 NO	If yes, sp		n, Puerto Ricen, etc.)		Black, White, etc. Specify: WHITE			
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)			USUAL OCCUPATION WORK done during more retired.)		16b. KIND OF BU	SINESS/INDUST	RY			
BE COM	17. FATHER'S NAME (First, Middle, Last) ALBERT EDWIN SCH	MIDT	1			ME (First, Middle, Maiden OSEPHINE (
5	190. INFORMANT'S NAME (Type/Print) NED MYERS (son)					Route Number, City or Tow $Apt. T-3$,		, Md. 21204			
	20e. METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremation 3 □ Remo 4 ♣ Donation 5 □ Other (Specify)		other place)	SITION (Name of ce	metery, crematory or	20c. LC	CATION — City	or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LICE	Miller	3-4.91		ND ADDRESS OF FA		BALTO.,	MD. 21201			
	23. PART I. Enter the diseases, or co shock, or heart failure. L	let only one cause on	each line.					Interval Batween			
	IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Due TO (OR AS A CONSEQUENCE OF): Onset and Daeth Conset and Daeth Conset and Daeth Conset and Daeth										
NOI	Sequentially liet conditions, if any, leading to immediate										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evante reaulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):							
	PART II. Other algnificant conditions	contributing to death	but not moulting	in the underlying	a cause alves in	Dort I 240 WIIC AL	ALITYMEN	24b. WERE AUTOPSY FINDINGS			
PHYSICIAN: MEDICAL	COPD Perizhen I vas	senler dise	'are		9 00000 91011 111	PERFO	RMED?	AMILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	tpatient 3 DOA	OTHER:	LACE OF OEATH (Ch						
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	28d. DESCRIBE HOW	INJURY OCCUR	ED					
	3 SuleIde 8 Could not be determined 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, term, street, factory, office City or Town, State)										
COMPLETED	anal anal	CIAN: To the best of my kno						ouse(e) and menner ee stated.			
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				D 188		29d. DATE SI	GNED (Month, Day, Year) - 28/90			
\vdash	30. NAME AND ADORESS OF PERSON WHO	COMPLETED CAUSE OF C	SEATH (ITEM 27) (Tons	Defeat)							

unt be notified at once.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the foot of the TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by it will be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or remove important: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the gredien in

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIE	NE
REGISTRAR	CERTIFICATE OF DEATH REG. N	Ю.

	1 - STATE REGISTRAR	OTATE OF I	C				DEATH	WEIV IVIE	REG. NO.	-				
1	1. DECEDENT'S NAME (First, Middle, Last)	-						2. DATE O	F DEATH		VEAD	3. TIME OF DEATH A		
	ANTHONY	т.	MOT	RELLI				MAR	CH 2 DA	1	996	3:40 M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. is		IF UNDER 1		IF UNDER 24 HRS.	7. DATE OF	BIRTN Day, Year)		8. BIRTH	NPLACE (State or Foreign		
	158-18-5909	1 🔯 M 2 🗌 F	88	YRS.	MONTHS	DAYS	HOURS MIN.		29,1	901	NE			
1	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN 0	R LOCATION OF DI			9c. CO	JNTY OF D			
DIRECTOR	BROOKE GROVE NU	RSING HOM	Œ			OLN.	EY			M	ONTG	OMERY		
8	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY		
告	MD. MONT	GOMERY				0]	LNEY					1 YES 2 NO		
	10e. STREET AND NUMBER			10f. ZIP CODE						10g. Cl	TIZEN OF	WHAT COUNTRY?		
FUNERAL	17807 BUEHLER						208	32			US.			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	wer Married 2 Married FORCES? 1 YES 2 X					ENDENT OF NISPA icity Cuban, Maxica 25 NO Specif	en, Puerto Ri		or No-	14. RACI Blac Spec	E — American Indian, k, Whita, atc. #/y: WHITE		
	15. DECEDENT'S ED (Specify only highest grad		ECEDENT'S				16b. I	CINO OF BUS	SINESS/IN	DUSTRY				
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5 +) ///	Give kind of le. Do NOT u	se retired.)		st or working		a Dogra	DV				
린	8	0		STORE	KEEPE	R			GROCE	KI				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTNER'S NA	AME (First, Mi	ddle, Maiden	Sumame)				
BE	FRANK MORELLI						ANNA	KANTR	ES					
2	19a. INFORMANT'S NAME (Type/Print)		.1		SAME		nd Number or Flural	Route Numbe	r, City or Tow	n, State, 2	(ip Code)			
-	GERALDINE RUBERT	Ι												
	20a. METNOD OF DISPOSITION 1 Durial 2 Cremation 3 Rec	noval from Stata	20b. PLACI	E OF DISPO	SITION (Nar	ne of cer	netery, crematory or		20c. LO	CATION -	- City or To	own, Stata		
1	4 Donation 5 Other (Specify)		- MT	OLIVET CEMETERY 22. NAME AND ADDRESS OF FACILITY						BLOOMFIELD, NEW JERSEY				
	21. SIONATURE OF FUNERAL SERVICE L	CENSEE	2				L H. BAR		I TATE:RA	I. HO	MR.			
	merry	Berker										ILLE.MD.2088		
CERTIFICATION	shock, Dr heart fallure. List Dnly one cause of each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST List Dnly one cause of each line. Interval Between Onset and Death DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
	PART II. Other algolificant condition	one contributing to	death but not	resulting	In the un	dariyin	g cause given in	Part I.	24e. WAS AN	AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS		
5									PERFOI			AVAILABLE PRIOR TO COMPLETION OF CAUSE		
									1 YES 2	Z 🗌 NO		OF DEATN?		
Σ							-					1 1E5 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL	1				28. P.	ACE OF DEATH (C	heck only one)					
Sic	EXAMINER?	HOSPITAL:	ER/Outpetlant	3 🗆 DOA	OTHER		ne 6 🗆 Rasidence	6 □ Other	(Specify)					
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE OF (Month, D	INJURY	28b. TII	-	28c. IN.	URY AT		CRIBE HOW	INJURY C	CCURED			
ВУР	1 Natural 5 Pending 2 Accident Investigation	ŀ	rey, reer)	"	M	1 🔲	YES 2 NO							
	3 Suicide 8 Could not be determined	home, ferm,	atreet, fact	ory, offic	i i		TION (Street r Town, State		ber or Rural	Route Number,				
COMPLETED	CORDER OTHY	SICIAN: To the best of										(a) and manner as stated.		
BE CC	29b. SIGNATURE AND TITLE OF CERTIF	ERUDO					29c. LICENSE NU	JMBER 100		29d. D	ATE SIGNE	D (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON V	HO COMPLETED CAU	SE OF DEATH (IT	TEM 27) (Typ	e, Print)	, ,	- 11147	30	1	1	111	and/1170		
	31 DATE FILED (Month, Day, Year)	OD LAY	AR'S SIGNATURE	17	509	16	GURS!	AS	VOM	14 1	1/1	14 28832		
	MAR 07 1990	Julia Da	idan R	-Make								,		

1, 2, 3 should

it the death certificate be executed within 27 hours after death. Page 6 may be retained by the hospital or attending physician.	by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages nd Mental Hygiene prior to burial, cremation, or removal.	r injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 Hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN REG. NO	_	
1. DECEDENT'S NAME (First, Middle, Last)	Med	CALLY	M	2. DATE OF DEATH MONTH	1. 9°	3. TIME OF DEATH /233 M
4. SOCIAL SECURIT 416146	V .		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	129	BIRTHPLACE (State or Foreign Country) ARYLAND
90. FACILITY NAME (If not institution, give	en. Hosp.	91	Randalls+		9c. COUNTY	OF DEATH
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN			OWN OR LOCATION			10d. INSIDE CITY LIMITS?
MARYLAND B. 100. STREET AND Hanwell 4223 NANWELL		•	10f. ZIP CODE 21133			1 ☐ YES 2 NO OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 200	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 X NO Specify Cuben, Mexic	en, Puerlo Rican, elc.)		RACE — American Indian, Black, While, etc. Specify:
15. DECEDENT'S ED (Specify only highest grad	de completed)	16a, DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF BU		BLACK
Elementary/Secondary (0-12)	College (1-4 or 5+)	NURSE				
17. FATHER'S NAME (First, Middle, Last) EARNEST ROBI	NSON			AME (First, Middle, Maider LEE ROBI	,	
19a, INFORMANT'S NAME (Type/Print)		19b. MAILINC		Route Number, City or Tov		de)
20e, METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Red 4 Donetion 5 Other (Specify)		GARRISON	DODDOM ODW		MCC M	
21. SIGNATURE OF UNERAL SERVICE L 22. PAST 1. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in deeth)	complications that coded to List only one dause on ea	the death. Do not ich line.	22. NAME AND ADDRESS OF F LEROY O. D. 4600 LIBER enter the mode of dying, su	ACILITY YETT & SC PY HEIGHT Ch es cerdlec or resp	N FUN	ERAL HOME NUE , Approximete Interval Between
22. PAST 1. Enter the diseases, or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition	DUE TO (OR AS A C.	the death. Do not set line.	22. NAME AND ADDRESS OF F LEROY O. D. 4600 LIBER* enter the mode of dying, su	ACILITY YETT & SC PY HEIGHT Ch es cerdlec or resp	N FUN	ERAL HOME NUE , Approximete Interval Between
22. PAS 1. Enter the diseases, or shock, or healt failure immediate CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A d	the death. Do not so line. TATIC CONSEQUENCE OF): CONSEQUENCE OF):	22. NAME AND ADDRESS OF F LEROY O. D' 4600 LIBER' enter the mode of dying, su	YETT & SO PY HEIGHT ch es cerdlec or resp CANCE	ON FUN S AVE Politatory arrest NAUTOPSY RRMED?	PRAL HOME NUE Approximate Interval Between Onset and Deeth MAN 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
22. PASF 1. Enter the diseases, or shock, or heart failure immediate cause (Final disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A d	the death. Do not so line. TATIC CONSEQUENCE OF): CONSEQUENCE OF):	22. NAME AND ADDRESS OF F LEROY O. D' 4600 LIBER' enter the mode of dying, su	YETT & SO PY HEIGHT Ch es cerdlec or resp CANCE	ON FUN S AVE Politatory arrest NAUTOPSY RRMED?	ERAL HOME NUE Approximate Interval Between Onset and Deeth MAN 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION DE CAUSE
22. PAS 1. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other algorificant conditions and the conditions is the conditions of the conditions	DUE TO (OR AS A	the death. Do not set line. TAT(C CONSEQUENCE OF): CONSEQUENCE OF): ut not reculting in the	28. PLACE OF OEATH (C)	ACILITY YETT & SC PY HEIGHT Ch es cerdlec or resp CANCE 1 Part I. 24a. WAS AL PERFO 1 YES	ON FUN S AVE Politatory arrest NAUTOPSY RRMED?	PRAL HOME NUE Approximate Interval Between Onset and Deeth MAN 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
22. PASF 1. Enter the diseases, or shock, or heart failure immediate cause (Final disease or condition) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions in the condition of the cause in the cause i	DUE TO (OR AS A	the death. Do not set line. TAT(C CONSEQUENCE OF): CONSEQUENCE OF): ut not reculting in the	22. NAME AND ADORESS OF F LEROY O. D' 4600 LIBER' enter the mode of dying, su LU NG the underlying ceuse given in 28. PLACE OF OEATH (C. OTHER: Nursing Home 5 Residence OF Y 28c. INJURY AT WORK?	ACILITY YETT & SC PY HEIGHT Ch es cerdlec or resp CANCE 1 Part I. 24a. WAS AL PERFO 1 YES	NAUTOPSY RIMED?	Approximate interval Between Onset and Deeth Of MCN 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
22. PAS 1. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other algnificant conditions in the conditions i	DUE TO (OR AS A	the death. Do not so line. TAT(C CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): ut not reculting in the second of the se	22. NAME AND ADORESS OF F LEROY O. D' 4600 LIBER' enter the mode of dying, su LU NO The underlying ceuse given in the underl	ACILITY YETT & SC PY HEIGHT Ch es cerdlec or resp CANCE 1 Part I. 24a. WAS AL PERFO 1 YES theck only one)	N AUTOPSY RIMED? 2 NO INJURY OCCUR	Approximate interval Between Onset and Deeth Of MCN 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
22. PAS 1. Enter the diseases, or shock, or house failure induced on the part of the part	DUE TO (OR AS A DUE TO	the death. Do not the line. TAT(C CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): ut not reculting in the line of the	22. NAME AND ADORESS OF F LEROY O. D' 4600 LIBER' enter the mode of dying, su LU NO The underlying ceuse given in the underl	ACILITY YETT & SC PY HEIGHT Ch es cerdlec or resp CANCE 1 Part I. 24a. WAS AL PERFO 1 YES 1 YES 1 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, Staft	N AUTOPSY RIMED? 2 NO INJURY OCCUR	Approximate interval Batween Onset and Deeth Onset O

Jun Davidson-hands

31. DATE FILED (Month, Day, Year)
MAR 07 1990

MARIO F. GOLLE, JR. MD

MAR 07 1990

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within	pietely	стетав	rent. 1
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation,	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the
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JING F	After 1	death.	Шаг
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TAL	A	2	=
HOSPI	FUNER	within	TANT
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Multiple injuries	TO BE COM	one) MEDICAL EXAMINI SON SIGNATURE AND TITLE OF CERTIFIE	R: On the basis of examination	n and/or investigation,	in my opinion,	29c. LICENSE NUI				ED (Month, Day, Year)	
THE STREET AND NUMBER 16.4 Old Eastern Avenue 19. WAS DECEMBERT OF MIRPANIC CHICART (Specify Year or Note Processing Pr	COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PNYS			at the time, date		ounty	(a) and manney as	and		
The STREET AND NUMBER 10f. ZIP CODE 10g. CTIZEN OF WHAT COUNTRY 164.4 Old Eastern Avenue 1.0.4 Map Decodery Even in U.S. Annec 1.0.4 Map Decodery Even in U.S. Annec 1.0.4 Map Decodery Even in U.S. Annec 1.0.4 Map Decodery	D BY	3 Suicide 4 Suicide 5 Suicide 6 Suicide 6 Suicide 6 Suicide 6 Suicide 6 Suicide 7 Suicide 8 Suic						RIBE NOW INJURY LIST STI ON (Street and Null Town, State)	TUCK }	by mini-van	
101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY 104. AS A CONSEQUENCE OF):		PERFORMED? AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? TXXXYES 2 \(\text{NO} \) YXXXYES 2 \(\text{NO} \)									
The Street and Number 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 164. 4 Old Eastern Avenue 12. 21 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 164. 4 Old Eastern Avenue 11. MARITAL STATUS 12. WAS DECEDENT EVEN IN U.S. ARMED 13. WAS DECENDENT OF INSPANC ORIGIN? (Specify Yea or No FORCE? 1 Yes 2 100 17 yes, Specify Cubban, Maxican, Puerto Ricen, etc.) 16. KIND OF BUSINESS/INDUSTRY 16. DECEDENT'S EQUICATION 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF BUSINESS/INDUSTRY 16. KIND OF DISPOSITION 16	CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	OUE TO (OR AS A	CONSEQUENCE OF):							
106. STREET AND NUMBER 1644 Old Eastern Avenue 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO If yes, specify Cuben, Markcan, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO If yes, specify Cuben, Markcan, Puerto Rican, etc.) 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No- 14. RACE — American Indian, Black, Whita, etc. Specify: White 15. OECEDENT'S EQUICATION (Specify only highest grade campleted) If yes, specify Cuben, Markcan, Puerto Rican, etc.) 15. OECEDENT'S EQUICATION (Specify only highest grade campleted) White 15. OECEDENT'S EQUICATION (Specify only highest grade campleted) Rice Decedent's Usual occupation (Specify only highest grade campleted) Rice Decedent's Usual occupation (Specify only highest grade campleted) Rice Decedent's Usual occupation (Specify only highest grade campleted) Rice Decedent's Usual occupation (Specify only highest grade campleted) Rice Decedent's Usual occupation (Specify only highest grade campleted) Rice Decedent's Usual occupation (Specify only highest grade campleted) Rice Decedent's Usual occupation (Specify only highest grade campleted) Rice Decedent's Usual occupation (Specify only highest grade campleted) Rice Decedent's Usual occupation (Specify only highest grade campleted) Rice Decedent's Usual occupation (Specify only highest grade campleted) Rice Decedent's Usual occupation (Specify only highest grade campleted) Rice Decedent's Usual occupation (Specify only highest grade campleted) Rice Decedent's Usual occupation (Specify only highest grade campleted) Rice Decedent's Usual occupation (Specify only highest grade campleted) Rice Decedent's Usual occupation (Specify only highest grade campleted) Rice Decedent's Usual occupation (Specify only highest grade campleted) Rice Decedent's Usual occupation (Specify only highest grade campleted) Rice Decedent's Usual occupation (Specify only highest grade campleted) Ric		shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition	Multiple	injuries	enter the mo	de of dying, sucl	n aa cerdied	c or reepiretory	errest,	Approximete interval Between Onset and Death	
106. STREET AND NUMBER 106. STREET AND NUMBER 107. ZIP CODE 108. CITIZEN OF WHAT COUNTRY? 108. STREET AND NUMBER 109. CITIZEN OF WHAT COUNTRY? 109. States 109. CITIZEN OF WHAT COUNTRY? 119. WAS DECEDENT OF NISPANIC CRIGIN? (Specify Yea or No- 119. Specify Cuban, Markcan, Puerto Rican, etc.) 119. WAS DECENETY OF NISPANIC CRIGIN? (Specify Yea or No- 119. Specify Cuban, Markcan, Puerto Rican, etc.)		· Scare) Care	2	7922	Wise Av	re. B	alto.,	Md.	21222	
10. STREET AND NUMBER	2	20e METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	HO	DI ACE OF DISPOSIT	ON (Name of co L Memo	netery, crematory or rial Pa	rk	20c. LOCATION Balt	- cmy or imor	Town, Stata e, Maryland	
106. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 2121 United States 11. MARITAL STATUS 12. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, apecify Cuben, Maxican, Puerto Rican, etc.) 11. Was apecify Cuben, Maxican, Puerto Rican, etc.) 12. Widowed 4 Divorced 13. Widowed 4 Divorced 14. RACE — American Indian, Black, White, etc. 15. OCCOORN'S EQUIPMENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, apecify Cuben, Maxican, Puerto Rican, etc.) 16. KIND OF BUSINESS/INDUSTRY	B	Jeffrey J. McLa	ughlìn, Sr	19b. MAILING AD	DDRESS (Street)	Helen	E. K	eitz	•		
100. STREET AND NUMBER 11. MARITAL STRIPS 100. STREET AND NUMBER 11. MARITAL STRIPS 100. STREET AND NUMBER 11. MARITAL STRIPS 11	JMPLE	Elementary/Secondary (0-12) 7th grade	College (1-4 or 5+)	life. Do NOT use n	etired.)	_					
	BY	Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DA	ATES 16a. DECEDENT'S US	If yes, sp 1 YES	2 NO Specify	n, Puerto Rice	nn, etc.)	Spe	eck, White, etc.	
	NEKAL	1644 Old Easter		III C APMEO		21221	IO ODIONIO II	Un	ited	States	
5 University Hospital Baltimore City	DIRECT	10a. STATE 10b. COUNT	imore			ION				LIMITS?	
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH	5	University Hospi		9	-			.9c. C	OUNTY OF	DEATH	
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN (Morith, Day, Year) 13 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTN (Morith, Day, Year) 11-16-1976 8. BIRTHPLACE (State or Foreign Country) 11-16-1976 9. Maryland		214-90-6093	XX M 2 □ F 13	MC			(Month, D	lay, Year)	Cour	ntry)	
1. OECEOENT'S NAME (First, Middle, Last) John H. McLaughlin 2. DATE OF DEATH MONTH 3-4-90 3. TIME OF DEATH 8:19AM			hn	н.	McLaugl	nlin	MONTH	DAY	YEAR		

111 Penn Street, Baltimore, MD 21201

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complian find within 27 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, or	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic eve

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31. DATE FILED (Month, Day, Year)
MAR 07 1990

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		FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPAR CERTIF	TMENT OF I	HEALTH AND MEDICAL PROPERTY IN THE PROPERTY IN	RENTAL HYGII		
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH		3. TIME OF DEATH
•		Francis Guy Mui		s. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	59(0345 M
		04 = 00 0000	1 1	YRS.	MONTHS DAYS	HOURS MIN.	12/25/	18	laryland
should	Pages 1, 2. 3 should	St., Joseph s He				OR LOCATION OF DE	ATH	9c. COUNTY	
		RESIDENCE OF DECEDENT	ospitai		Tow	son - <u>-</u>		Balt	imore
Pages)äE	MD HOW	ard	2.5	y, town or loca Ellico				10d. INSIDE CITY LIMITS? 1 ☐ YES 25(□(NO
permit.	permit AL	10e. STREET AND NUMBER				H. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
. isi	NEB	2601 Melba Road	d 12. WAS DECEDENT EVER IN U.S	ADMED	40 400 000	21043	O ORIGINA CO	USA	
		1 Never Merried 2 Never Merried 3 Widowed 4 Divorced	FORCES? 12 XYES 2 IF YES, GIVE WAR OR DATES	NO	If yes, sp	CENDENT OF HISPANI pecify Cuben, Maxican S 2 NO Specify:	, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
ul or attending	LETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	college (1-4 or 5+)	(Give kind of the Do NOT us	USUAL OCCUPATI work done during ma se retired.)		16b. KIND OF	BUSINESS/INDUST	RY
	COMPL	UNKNO	own	sales		18. MOTHER'S NAM	ME (First, Middle, Mail	nufacti den Surname)	ring
1 0 W	m	Francis Guy Mu	rray, Sr.			Neva N		,	
S should	TO B	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural R	loute Number, City or		,
page t		Maria G. Murray	20b. PL	ACE OF DISPO	Melba SITION (Name of ce	Road/F.	llicott 20c.	City LOCATION - City	MD 210/3 or Town, State
ge 6 n Srector		1/2/Burial 2 ☐ Cremetion 3 ☐ Ramovi 4 ☐ Donetion 5 ☐ Other (Specify)		orrai	ne Par			Baltimo	ore, MD
r death. Pa ne tooral of al. examine		21. SIGNATURE OF TUNERAL SERVICE LICEN	, lalt			rling As Edmonds		uneral /Balto	Home, PA MD 21228
ours after d in by the or removal		23. PART I. Entar tha diseases, or conshock, or heart fallure. Lis	mplications that caused the						
fille fille fon,		IMMEDIATE CAUSE (Finel disease or condition resulting in death)	CARDIAC	F-AIL	LURE	Bive	WIRICULL	AR	3 days
B 6 6	z	C b.	DUE TO (OR AS A CO	NSEQUENCE O	FILACE/	MENS + CO	20NAPY A	PREPY BY	PASS 3 Days
8 0 0 5	CATIC	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSEQUENCE OF): MITAGE VALVE INSUFFICIENCY Y				OZONARY	ARTERY	2 MONTHS
eath certificate be eath certificate be eath cartending physician ntal Hygiene prior to y, or other traun	CERTIFICATION	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE OF):				Desc	FASK	YEARS
		PART II. Other significent conditions	contributing to death but not resulting in the underlying cause given			ng cause given in	Part I. 24e. WAS	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
# 5 E >	MEDICAL	<u> </u>						3 2 NO	COMPLETION OF CAUSE OF DEATH?
De of de							-		1 TES 2 NO
	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (Chi	nck only one)		
SICIAN: The lar certificate has the State Dep 1, or Item 23	YSIC	1 TYES 2 NO	HOSPITAL:	_		me 5 Residence			
PHY this with	ву рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIR	JURY W	IJURY AT ORK? YES 2 NO	28d. DEŞCRIBE HO	W INJURY OCCUR	ED
OTOR: A after de 28 is	۵	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm,	street, factory, offi	lce	281. LOCATION (Str City or Town, S		Rural Route Number,
対立なま	COMPLETE	(Olison olli)	AN: To the best of my knowledg On the basis of examination an						euse(e) end manner se stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	TO BE C	Carl KNOON	ald ATEN		<i>irgital</i>	29c. LICENSE NUM		▶ 3.	IGNED (Month, Day, Year)
	-	MAME AND ADDRESS OF PERSON WHO CAPDIAL SURG	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type	NT TO	REPH HOS	PITAC	Towsor	s mo

notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction has be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must in

,	1. DECEDENS NAME (First, Middle, Last) 2. DATE OF DEATH MONTH	DAY YEAR 3. TIME OF DEATH
ļ	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In vis. last birthday) # UNDER 1 VEAR # UNDER 14 HER. 7. DATE OF BIRTH	8 90 11 PM
	2/8-18-1309 1 M 2 DF 73 YRS. WONTHS DATE HOURS WHE. (MORTE OR), YOU'S	8. BIRTHPLACE (State or Foreign Country) MARY FAND
TOR	98. FACILITY NAME (If not inetitution, give stopet and number) NECIDIAN CRUMWELL CENTRE TOWNOR DEATH RESIDENCE OF DECEMENT	BATH MORE
DIRECTOR	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION BALL MORE	10d. INSIDE CITY HAITS? 1 YES 2 \[\sum \text{NO} \]
FUNERAL	100. STREET AND NUMBER 100. STREET AND NUMBER 21239	10g. CITIZEN OF WHAT COUNTRY?
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:	fee or No— 14. RACE — American Indian, Black, White, atc.
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	USINESS/INDUSTRY
PLE	Elementary/Secondary (0-12) College (1-4 or 5+) CUSTO DIAN	
BE COMPL		on Surrage) WALTERS
0	DELURES TAMES 1306 PENTRIDGE FORD	BAHNESK, MD
	after along	LOCATION — City or Town, State EREATO Y MP
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Chathar - Harris	FH ,
_	Troy Hams 1701 me Culloh St	Balto, md. 21217
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, auch as cardisc or research, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Chyclical Dial Machine - acuse	Interval Between Onset and Death
TION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST c. Arteries Claratic can Dic Ustate of the control of the c	2217
- 11		AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
3	Coxoloro versulas Descesso - SIP medale caretral arty	ORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MEDICAL		1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? A COMMENT OF DEATH (Check only one)	
VSIC	HOSPITAL: 1 YES 2 NO 1	
ВУ РН	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY WORK? 1 Natural 5 Pending Investigation 1 YES 2 NO	W INJURY OCCURED
	3 Suicide 8 Could not be 4 Homicide datarmined 208. PLACE OF INJUSTY — At nome, farm, atreet, factory, ornica 208. LOCATION (Strii City or Town, Stri	et and Number or Rural Route Number, ete)
COMPLE	29a. CERTIFIER (Check only one) 29a. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and a medical examiner. On the bests of examination end/or investigation, in my opinion, death occurred at the time, data and place,	
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 0 25062	29d. DATE SIGNEO (Month, Day, Year) 3-2-1990
	GARY A. MPNKO MD, ILE CHOSTOWN I-tus LAME, I	PETSTERSTUDY, MID
	31. DATE FILED MORPH, Day, year, 1990 32. REGISTRAR'S SIGNATURE Since Davidson-Randelle	21136

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FOR STATE REGISTRAR

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DHMH-16 Rev 1/89

notified at once.

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled In by the funer		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examination
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	10	10	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPC
	-	-	-	_

	1)							OF DEATH	3. TIME OF DEATH			
ELEA	NOR	ARNOLD		NONEM	AKER		3~:	1-90 DAY		YEAR	1:45PM M	
4. SOCIAL SECURITY NUMBER					1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.		7. DATE OF BIRTH (Month, Day, Year)			8. BIRTH Countr	IPLACE (State or Foreign y)	
119-01-1891	1 M 2 F	70	YRS.				6/14/191		- 499		ew York	
9e. FACILITY NAME (If not institution, give			9b. CITY, TOWN OR LOCATION OF DE								EATH	
Johns Hopkins H	ospital			Ва	ltimor	re C	ity -				-	
10e. STATE 10b. COUR			10c. CITY,	TOWN OR LOC							10d. INSIDE CITY	
Maryland :	Baltimor	re		Wh	ite H	[al]	L				1 TYES 2 NO	
10e. STREET AND NUMBER]	10f. ZIP CODE		_		10g. CITI	IZEN OF V	WHAT COUNTRY?	
	g Court					2116				U	.S.A.	
11. MARITAL STATUS 1 Never Merried 2 Merried	FORCES?	NT EVER IN U.S. AS 1 YES 2 MI WAR OR DATES		If yes,	specify Cuben	, Mexica	n, Puerto R	? (Specify Yee ilcan, atc.)	or No-	Black	E — American Indian, c, White, atc.	
3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1 1 1	ES 2 NO	Specify	r:			Cai	ucasian	
15. DECEDENT'S E (Specify only highest gri				SUAL OCCUPA rk done during i		a	16b.	KIND OF BUS	INESS/INC			
Elementery/Secondary (0-12)	College (1-4 or 5	Ma	. Do NOT use	retired.)	most or working							
11	8		Tea	acher						ati	on	
17. FATHER'S NAME (First, Middle, Last)					200			liddle, Maiden S				
Harry J	. Arno					anc		Hedwi		-	ngartner	
190. INFORMANT'S NAME (Type/Print) Richard A. No	on omoleom	1.00	9321	DDRESS (Stree							21133	
20a METHOD OF DISPOSITION	memaker	-	-	TULS!	emere		oa a	-		City or To	own, Md.	
1 Buriel 2 Cremation 3 Re	emoval from State	other pi	ace)	Frove			777				ew York	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE /	1 1	dar (22. NAME	AND ADDRES	S OF FA	CILITY	121	ens	1/1/6	ew lork	
· m Ha.	11/2 1/	14						al Ho				
23. PART I. Enter the diseases, of	complications th	or and the	eth Do so					Mar			21.084	
IMMEDIATE CAUSE (Final disease or condition	,	GASTRO-									Approximate interval Between Onset and Death	
	a. UPPER XXXX	GASTRO- MANAX ACANSE O (OR AS A CONSE	INTES	TINAL CARD		RHAG	E ANI) ARTE			Interval Between Onset and Death	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. UPPER XXXX b. DUE TO C. DUE TO	GASTRO- MYNXXXXXXX O (OR AS A CONSE	INTES	TINAL CARD	HEMORE IOVASO	RHAG	E ANI	D ARTE	RIOS	CLER	Interval Between Onset and Death OT IC	
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. UPPER XXXX b. DUE TO C. DUE TO	GASTRO- MYNXXXXXXX O (OR AS A CONSE	INTES	TINAL CARD	HEMORE IOVASO	RHAG	E ANI	D ARTE	RIOS(CLER	Interval Between Onset and Death OT IC WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE	
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disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	a. UPPER XXXX b. DUE TO c. DUE TO d. lona contributing to	GASTRO- MYNXXXXXXX O (OR AS A CONSE	OUENCE OF:	TINAL CARD	HEMORE IOVASO	RHAG CULA	E ANI	D ARTE	RIOS(CLER	Interval Between Onset and Death OTIC WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and the cause of the conditions of	b. DUE TO c. DUE TO d. Iona contributing to HOSPITAL: 1 Inpatient X 28e. DATE O (Month, on be building) VYSICIAN: To the best of the basis of	GASTRO- CONTACTOR OF THE CONTENT OF	QUENCE OF: OUENCE	TINAL CARD tha undarly tha undarly 26. OTHER: 4 Nursing H OF 28c. RY M 1 reet, factory, of	INDURY AT WORK? YES 2 Interest and place, n, death occur	RHAG CULA plven in EATH (Ch sidence	Part I. 28f. LOC. City.	24a, WAS AN. PERFOR 1 YES X	AUTOPSY MED? X NO	24k 24k ccureo v or Rural sted, he ceuse(Interval Between Onset and Death OT IC D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES XX NO Route Number,	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and the cause of the conditions of	a. UPPER XXXX b. DUE TO c. DUE TO d. Iona contributing to lona contributing to 28e. DATE O (Month, on the best of the basis of the	GASTRO- COMPAS A CONSE O (OR AS A CONSE O (OR AS A CONSE O death but not OF INJURY Dey, Year) OF INJURY — At he g, stc. (Specify) of my knowledge, dexamination and/or	OUENCE OF: OUENCE OF: OUENCE OF: Tesulting in 28b. Time inju	TINAL CARD tha undarly tha undarly 28. OTHER: 6 Nursing H OF 28c. RY M 1 reet, factory, of	INDURY AT WORK? YES 2 Interest and place, n, death occur	RHAG CULIA plven in eath (Ch eatdence no end due end at the	Part I. 28f. LOC. City.	24a, WAS AN. PERFOR 1 YES X	AUTOPSY MED? X NO	24k 24k ccureo v or Rural sted, he ceuse(Interval Between Onset and Death OTTIC WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES XX NO Route Number,	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions in the condition of the condition	a. UPPER XXXX b. DUE TO c. DUE TO d. Iona contributing to HOSPITAL: 1 Inpatient X 28e. DATE O (Month, on 28e. PLACE building VISICIAN: To the best of	GASTRO- COMPAS A CONSE O (OR AS A CONSE O (OR AS A CONSE O death but not OF INJURY Dey, Year) OF INJURY — At he g, stc. (Specify) of my knowledge, dexamination and/or	OUENCE OF: OUENCE	TINAL CARD tha undarly tha undarly 26. OTHER: 4 Nursing H OF 28c. RY M 1 reet, factory, of	FLACE OF DI LOVASC PLACE OF DI LOME 5 Re INJURY AT WORK? YES 2 Interest and place, In, death occur 29c. LICE	RHAG CULA given in EATH (Ch	Part I. Part I. 28d. DES 28f. LOC. City. to the cau	24a, WAS AN. PERFOR 1 YES X	AUTOPSY MED? MID NO NJURY OC AND NUMBER AND NUMBER	24k 24k ccurred or or Rural sted. he couse(TE SIGNET	Interval Between Onset and Death OTTIC D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES XX NO Route Number, e) end manner as stated.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

ff me to the state

21229

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		1 - STATE REGISTRAR	OIMIE OF INIA	CI				DEATH	, MEITIN	REG. NO.	-		
		1. DECEDENT'S NAME (First, Middle, Last)	0-1					MONT	OF DEATH	Y = 10 X	3.	TIME OF DEATH	
			rarker						0	3 0	3 199	0	05;00 M
5 11		4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. les	st birthday) YRS.	MONTHS	DAYS	HOURS MIN	10.0	th, Day, Year)		BIRTHPLA Country)	ACE (State or Foreign
iit. Pages 1, 2, 3 should		248-42-8923 90. FACILITY NAME (If not institution, give si	ν.	94	ina.	Oh CITY	TOWN	OR LOCATION OF	Oct.	28, 1	895 9c. COUNTY		h Carolin
		St. Agnes Hospita					timo		DEATH		9C. COUNTY	OF DEAL	n .
		RESIDENCE OF DECEDENT									1		
		10e. STATE 10b. COUNTY	,			Y, TOWN C		ION				10-	d. INSIDE CITY LIMITS?
		Maryland			Ba	ltim	ore						XYES 2 NO
6 vysician. unial-transit permit	₹ I	10e. STREET AND NUMBER						. ZIP COOE			-116		T COUNTRY?
an. Iransii	E E	2524 Lauretta Ave				1		1223			U.S.A		
6 hysici urial-l	5	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT E FORCES? 1	YES 2	NO NO		Il yee, spe	ENDENT OF HIS ecity Cuben, Me	dcen, Puerto		or No- 14.	Black, W	Americen Indien, Mile, etc.
314 ing p the b	B	3 Wildowed 4 Divorced	World Wa				1 YES	2 NO Sp	ecity:			Specify:	Black
21203-3146 tal or attending physician. for use as the burial-tran	ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed	16a, DE	ECEDENT'S	USUAL O	CCUPATIO	ON st of working	16	b. KIND OF BUS	SINESS/INDUST	rry	
2 8 2	9	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me	i. Do NOT us	re retired.)	during mo	at of working					
- 4	COMPLETED	5th Grade		1	abore	r				Constr	ruction	1 Con	npany
MARYLAND retained by the hospit 5 should be detached notified at once.	Ö	17. FATHER'S NAME (First, Middle, Last)						0.00		Middle, Meiden	Surname)		
Y L	BE	Willie Parker						Emma I					
MARY retained 5 should notified	2	19e. INFORMANT'S NAME (Type/Print)						nd Number or Ru					21.227
		Estelle Parker						Ave.			Maryl		21223
		20a. METHOD OF DISPOSITION **Buriel 2	oval Irom State	other p	(ace)								
AU		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1 Garr	ison	rore	NAME AN	<u>eteran</u>	FACILITY	Nutton	Funce	10TE	Co., MD
5		1 10	4			25	01 G	wynns j	Falls	Pkwy.	, j unei	ull	iomes, Inc
a the owal	11	Great K	Erry	/				ore. M					1 AGRESION DE
10 S C	agila .	23. PART I. Enter the diseases, or cahock, or heart failure.				not entar	tna mo	ae or aying,	luch aa ca	rdiac or reapi	ratory arrest	,	Approximata Interval Between
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		IMMEDIATE CAUSE (Finel disease or condition											Onset and Death
thic thic	-	reaulting in death)	B. Sepsis DUE TO (DR AS A CONSEQUENCE OF): b. Gangrene						-		10 days		
4 B P	_										unknown		
	ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	R AS A CONSE									
BOX ficate be ophysician to prior to	Z	cause. Enter UNDERLYING CAUSE (Disease or Injury	a perpheral vascular disease									years	
	E	that initiated events	DUE TO (OR AS A CONSEQUENCE OF):										
end the	ER	resulting in death) LAST	d										-
0 6	CC	PART II. Other significant condition	a contributing to de	eath but not	reaulting	in the u	nderfyln	g cause given	In Part I.	24a. WAS AN			ERE AUTOPSY FINDINGS
ORDS, that the ned by the lith and Minand Mi	DICAL	Acute and	chron	اد ه	enal	(4	whe	re		PERFOR		CC	MILABLE PRIOR TO OMPLETION OF CAUSE
RECO requires een signe of Health	MED		om, CVA, GI bleed							1 163	Jac. No		F DEATH?
- Li -		,		1									
1 2 8 8 6	SICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	LACE OF DEATH	(Check only	one)			
VITAL SICIAN: The la certificate has the State Der	SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient	3 🗆 DQA	OTHE 4 Nu		ne 5 🗆 Reelder	ice 6 🗆 Ott	er (Specify)			
2 9 2	РНҮ	27. MANNER OF DEATH	26e. DATE OF IN (Month, Day,	JURY Year)	26b. TIM	IE OF	28c. INJ	JURY AT	28d. Di	ESCRIBE HOW I	NJURY OCCUP	ED	
	ВУ	1 Natural 5 Pending 2 Accident Investigation	19,550,000	337		М		YES 2 NO					
ATTENDING STEET GETTOR: After seather death	ED	3 Suicide 6 Could not be	26e. PLACE OF building, et	INJURY — At h c. (Specify)	ome, lerm,	streel, inc	tory, offic	•	26f. LO	CATION (Street y or Town, State)	end Number or	Rural Rout	te Number,
DIVISION OR ATTENDING DIRECTOR: After hours after death	ETE												
DIV TAL OR A AL DIREC 72 hours	IPL.	29e. CERTIFIER (Check only	CIAN: To the best of m	y knowledge, d	eath occurr	ed at the	time, date	end place, end	due to the c	euse(e) end me	nner ee atated.		
	COMPLET	one) 2 MEDICAL EXAMINE	R: On the basis of exam	nination end/or	investigation	on, in my	opinion, d	leath occured at	the time, da	te end place, er	nd due to the c	ense(s) e	nd menner es stated.
THE HOSPI THE FUNEF filed within	ш	29b. SIGNATURE AND TITLE OF CERTIFIE						29c. LICENSE	NUMBER				Ionth, Day, Year)
± ± ₹ %	OB	Edgly all	July								> 0	3/0	3/90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ALHALEL

RALPH

900 Catom

32. REGISTRAR'S SIGNATURE rule Davidson-Randoll Ave

Baltomere Mid

FOR

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203 after death. Page 6 may be retained by the executed within requires that the death certificate be ME OR ATTENDING PHYSICIAN: The OF

HOSPITAL

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2

MARGARITA A.

DATE FILED (MC

use as the 2 Ħ director, page 5 shound pallified 2 H examiner filled in by the funeral medical the been signed by the attending physician and completely it, of Health and Mental Hygiene prior to burial, crematic event, traumatic or other Injury, After this certificate has be death with the State Dept. 23 10 marked, .09 FUNERAL DIRECTOR: 28 MPORTANT: If Item THE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 3-5-90 SR PETTIGREW HERMAN B. 10:18AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 220 058567 1 M 2 F 7. 83 YAS. HALTO 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore City 2308 Mosher Street DIRECTO RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? (ARYLAND) ALTIMORE 1 1 Nes 2 No FUNERAL 100. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21216 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 1200 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yee, specify Cuben, Mexican, Puerio Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Marrie B∀ 3 Widowed 4 Divorced ETED 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) RETIRED COMPL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Syn ENRY BE 19e_INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Num 2 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crit Buriel 2 Cremetion 3 Ren 21. SIGNATURE OF FUNERAL SERVICE LICENSEE uss For 620 22224 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory **Approximate** shock, or hasrt failure. List only one cause on each lins. **Onset and Death** IMMEDIATE CAUSE (Finel disease or condition ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initisted events DUE TO (DR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXXES 2 NO XXX YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER XXXES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home S. Residence 6 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY XXXNatural 5 Pending 1 YES 2 NO BY 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281, LOCATION (Street end Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide determined 29e. CERTIFIER 1 _ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee atteted. basis of exemination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) end manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER

111 Penn Street, Baltimore, MD 21201

OCME

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32/BEGISTEARS FROMMAN

KORELL, MD

VC

29d, DATE SIGNED (Month, Day, Year)

3-6-90

ALC: DO

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BATTIMORE, MARYLAND 21203-3146	the count of the repained by the hospital or attending physician. In the manner directs page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should design any manner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the most and completely liked in by the function of the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely liked in by the sined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremited within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremited in the medical examiner must be notified at once.	

STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIEN
	CI	ERTIFICATE	OF DEAT	TH		REG. NO

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) EDITH	ı.	~	KOFF		2. DATE O		2 /99	3. T	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	PE BIRTH Day, Year)			CE (State or Foreign	
	219-28-1244 9a. FACILITY NAME (If not institution, give stre		82 YRS.	YRS. MONTHS DAYS HOURS MIN. AUG. 4			G. 4,	, 1907 NEW YORK			
DIRECTOR	3307 ESSEX RD.	,		BALTIMORE				BALTIMORE			
EC	10a. STATE 10b. COUNTY		10c. CITY	0c. CITY, TOWN OR LOCATION					10d. INSIDE CITY		
	MARYLAND 10s. STREET AND NUMBER	BALTIMORE		BALTIMORE				1 Og. CITIZEN OF WHAT COUNTRY?			
FUNERAL	3307 ESSEX RD.			101. ZIP CODE 21207				USA			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES			ENDENT OF NISPAN			or No- 14.	RACE - /	American Indian,	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES		2XXNO Specify		roun, una		Specify:	WHITE	
	15. DECEDENT'S EDUCA	ATION	16a DECEDENT'S	USUAL OCCUPATION	NA .	166	KIND OF BUS	INESS/INDUST	rev		
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)			vork done during mo		100.	KIND OF BOO	INESS/INDOS	n.		
7	Elementary/Secondary (0-12)	2.	BOO	OKKEEPER			ACC	OUITINUC	G		
O	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, M	iddle, Maiden	Sumame)			
BE C	HARRY OSTRIN		FANNIE	UNK	NOWN						
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Numb	er, City or Town	n, State, Zip Coo	de)		
2	JAY POLAKOFF		1206 I	DULANEY	WOODS RD	. cc	CKEYS	VILLE,	MD	21030	
	29a. METHOD OF DISPOSITION 4 Burlal 2 Cremation 3 Ramon	20b.	PLACE OF DISPOS	SITION (Name of cer	netery, crematory or		20c. LO	CATION City	or Town,	State	
	4 Donation 5 Cither (Specify)	A - A	RLINGTO		K AMUNO)		В	ALTIMO	RE, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICE	HEREN LAND		SOL.	DEVINSON	& BE	205.	TNC.			
	Madaly L	Hallman	w		REISTER				.,MD	21215	
	23. PART I. Enter the diseases, or co	int only one cause on as	the desth. Do r	not enter the mo	de of dying, suc	h as card	lac or reepl	ratory arrest	,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final									Onset and Death	
	disease or condition resulting in deeth)	TC /	ARRES,	/							
Į.	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Due to (or as a consequence of): METASTATIC (OLON CANCER										
NO	Sequentially list conditions, () METHSTHIC () LON CANCER										
CERTIFICATION	or any, leading to immediate cause. Enter UNDERLYING										
S.	CAUSE (Diseese Dr Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE OF	F):							
E	resulting in death) LAST			,							
S											
AL	PART II. Other aignificant conditions	contributing to death bu	ut not reaulting	in the underlyin	g cause given in	Part I.	24a. WAS AN PERFOR			RE AUTOPSY FINDINGS IILABLE PRIOR TO	
MEDICAL						_	1 TYES 3	NO		MPLETION OF CAUSE DEATH?	
ME									1 (YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL										
Ö	EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (CI						
448	1 YES 2 NO	1 ☐ Inpatient 2 ☐ ER/Outpo	28b. TiM		Ne 5 Residence	-		NJURY OCCUR	en .		
	1 Natural 5 Pending	(Month, Day, Year)	IN.	JURY WO	YES 2 NO	200. DES	CHIBE NOW I	NJUNI OCCUM	EU		
2 Accident Investigation 28s. PLACE OF INJURY — At home farm street factory office.							ATION (Street	and Number or	Rumi Routi	Number	
COMPLETED	4 Homicide 6 Could not be	building, atc. (Speci	ify)	,			or Town, State)				
,E	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my knowle	edge, death occurr	ed at the time, date	and place, and due	to the cau	se(a) and me	nner as stated.			
ME	onel	: On the beals of examination							ause(s) an	d manner as atated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	-1			29c. LICENSE NU	MBER		29d, DATE S	IGNED /Mc	onth, Day, Year)	
BE	67	a he			027	730	/	D 31	2/8		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type	, Print)				-1	- 11		
	MAR 07 1990	32. REGISTRAR'S SIGN	ATURE A								
	UCCI) V AMIII	The man war	The state of the s								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s mours after death. Page 6 mount TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dimension be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be approximated.

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

^M071990

gul 22 Mariana Albanda

									20 (00016
	FOR 1 - STATE	STATE OF MARYL								
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CEI	RTIFICATI	E OF L	JEAIR	REG. NO).	3 TIME	OF DEATH
į	Doris	Virgin	ia	Polite					3:4	
	4. SOCIAL SECURITY NUMBER		(In yrs. lest b			IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (S	
ì	062-20-2969	1 M 2 XXF	65	YRS. MONTHS		HOURS MIN.	(Month, Day, Year) 06/27/24		Maryla:	nd
~	9a. FACILITY NAME (If not institution, give str			9b. CIT	Y, TOWN OR	LOCATION OF DE	ATH	9c. COUNTY	OF DEATH	
DIRECTOR	Greater Baltimore	Medical Ce	nter		T	owson		B	altimo	re
<u> </u>	10a. STATE 10b. COUNTY		T T	10c. CITY, TOWN	OR LOCATIO)N			10d. INS	IDE CITY
E	MD	Baltimore		Т	owson				1 🗆 YE	S 2 NO
A	10a. STREET AND NUMBER					TIP CODE		10g. CITIZEN	OF WHAT COU	INTRY?
FUNERAL	6 Skidmore Court	;				21204		U.	S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES					IC ORIGIN? (Specify Yon, Puerto Rican, atc.)	ea or No— 14.	RACE — Ameri Black, White, a	ican Indian, itc.
BY	1 Never Merried 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D				NO Specify			Specify: Wh	ite
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of		16e. DECE	EDENT'S USUAL Control of work done to NOT use retired.)	OCCUPATION during most	of working	16b, KIND OF B	USINESS/INDUST	TRY	
9	Elamentary/Secondary (0-12)	Collega (1-4 or 5+)		o NOT use retired.)			Lane B	ruant		
P P	12		Sale	S ASSUC				4		
	17. FATHER'S NAME (First, Middle, Last) Roland Pumph	irev			1	Edna	ME (First, Middle, Maide Copper	n Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)	1101	19h	MAILING ADDRES	S /Street and		Route Number, City or To	wn State 7in Co.	tel	
2	Richard G. Polite	es	100.	Same As		Trumber of richard	toda Harrison, Only Or 10	wii, State, 2p Co	No.	
*	20a_METHOD OF DISPOSITION 1 X Burdal 2 Cremetton 3 G Ramoval from State Duffaffety Valley Mem. Gards: 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 3-3-90 Timonium, Maryland									
-64	4 Donetion 6 Other (Specify)		- Caralle	22. NAME AND ADDRESS OF FACILITY						ana
	> Wallan	C Rank	, 0	R	Ruck T	owson F	uneral Ho d, Towson			
	23. PART I. Enter the diseases, or co	omplications that cause	d the deet							proximate
	shock, or heart fallure. List only one cause on sech line.								terval Between	
	IMMEDIATE CAUSE (Final disease or condition								100(0110 000(11	
H	resulting in death)	DUE TO (OR AS	Diratory Arrest TO (OR AS A CONSEQUENCE OF):							
z	Metastatic Breast CA									
CERTIFICATION	Sequentistly list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
S	CAUSE (Disease or injury	h								
보	that initisted events resulting in desth) LAST	DUE TO (OR AS	A CONSEOU	IENCE OF):					İ	
EH	description of the state of the	J							-	
- I	PART II. Other significent conditions	s contributing to deeth	but not red	eulting in the u	inderlying (ceuse given in				JTOPSY FINDINGS
MEDICAL							1 YES	ORMED?	COMPLE	LE PRIOR TO TION OF CAUSE
						_			OF DEAT	S 2 NO
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					CE OF DEATH (Ch	eck only one)			
Sic	1 TES 2 NO	HOSPITAL: 1 Inputiont 2 ER/Out	tpetient 3	DOA 4 Nu		5 Residence	8 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	25a. DATE OF INJURY (Month, Day, Year)		28b. TIME OF INJURY	28c. INJUR	RY AT K?	28d. DESCRIBE HOW	INJURY OCCUR	ED	
BY	1 Natural 5 Pending 2 Accident Investigation			М		S 2 NO				
ED	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJUR building, etc. (Spe	IY — At hom ecify)	e, farm, street, fa	ctory, office		281. LOCATION (Stree City or Town, Sta	t and Number or le)	Rural Route Num	iber,
Ä	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	wiedge, des	h occurred at the	time data a	nd place, and due	to the causals) and	enner as stated		
COMPLET	onei -	R: On the besis of axamination							ause(s) and ma	nner es stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER	0. 10	^ / ^/	1	-	29c. LICENSE NUI	MBER 0 1 1	29d. DATE S	IGNED (Month, L	Day, Ybar)
8 0	July 10	ew &	001			1) x	5094	•	3/11	90

10 D.

FOR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE OF MARYLAND REGISTRAR	O / DEPART	TMENT O	F HEALTH A	ND MEN	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Mary D. Perry					DATE OF DEATH DAY 3/3/90	YEAR	3. TIME OF DEATH 4: 25A M		
	4. SOCIAL SECURITY NUMBER 216-03-6722 5. SEX 1 □ M 2 ☑ F 82		IF UNDER 1 YE MONTHS DA		HRS. 7. D	ATE OF BIRTH	Cou	THPLACE (State or Foreign intry)		
OR	Stella Maris	of DEATH Maryl		DEATH						
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	100 CITY	, TOWN OR L	OCATION				10d. INSIDE CITY		
Ē	Maryland Balto.		wson	JOHN TON				LIMITS?		
۱ :	10s. STREET AND NUMBER	10	JWSUII			1 TYES 2 NO				
Z				10f. ZIP CODE	,		F WHAT COUNTRY?			
밀	113 Burke Ave.				21204		U.S			
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 🔀 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ZNO	If ye	DECENDENT OF I s, specify Cuban, I YES 2 NO	Maxican, Pu	RIGIN? (Specify Yes or arto Rican, etc.)	Bi	ACE — American Indian, ack, White, etc. secify:		
	15. DECEDENT'S EDUCATION 16a	. DECEDENT'S	USUAL OCCU	PATION		16b. KIND OF BUSIN	ESS/INDUSTRY	,		
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of w life. Do NOT use	rork done durir e retired.)	g most of working						
4	12	Home	emaker			Home	e			
8	17. FATHER'S NAME (First, Middle, Last)	1101110	211.012002	16. MOTHER	R'S NAME (F	First, Middle, Maiden Sur	rname)			
	Thomas I. Duvall			Ar	nnie	Nolan				
8	19a. INFORMANT'S NAME (Type/Print)	19b. MAJLING	ADDRESS (St			Number, City or Town, S	State Zin Code)			
5	Thomas D. Smith M.D.					. Amherst				
				of cemetery, cremete			FIGN - City or			
	1 P Burial 2 Cremation 3 Removal from State 0th	er place)				3.7/90 T		A CONTRACTOR OF THE PARTY OF TH		
	21, SIGNATURE OF MINERAL SERVICE/LICENSEE	alley ve		E AND ADDRESS			York l			
	> Wonall & Schafe So.					eral Home		ĸu.		
	23. PART I. Enter the diseases, or complications that coused the							Approximate		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Pneumonia	disease or condition Pricumonia								
	DUE TO (OR AS A CONSEQUENCE OF):									
Z	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	NSECUENCE OF	-).							
5	CAUSE (Disease or injury that initiated events DUE TO (OR AS A COR	NSEQUENCE OF	F):					- 		
Ē	reaulting in death) LAST		,							
8	d									
CAL	PART II. Other algnificent conditions contributing to deeth but n	not reaulting i	in the under	iying cause giv	en in Part	i. 24a. WAS AN AU		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
5						1 TYES 2		COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDI	Arterio-Sclerosis							1 TES 2 NO		
-										
X	25. WAS CASE REFERRED TO MEDICAL			6. PLACE OF DEA	TH (Check o	nly one)				
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatien	nt 3 (DOA)	OTHER:	Home 5 - Real	denca 6 🗆	Other (Specify)				
H	27. MANNER OF DEATH 28s. DATE OF INJURY	285/TM	E OF 28	. INJURY AT		I. DESCRIBE HOW INJ	URY OCCURED			
7	1 Acolders Investigation (Month, Day, Year)	/ / 180	M 1	WORK?	NO					
ВУ	3 Suicide 28e. PLACE OF INJURY -	At home, ferm, a	street, factory,	offica	281	LOCATION (Street and	Number or Rur	ral Route Number,		
COMPLETED	4 Homicide determined building, etc. (Specify)	/				City or Town, State)				
9	29e. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge	deeth coours	ad at the time	data and place a	and thus to th	an annual (a) and mana	w an etward			
M	(Check only one) 2 MEDICAL EXAMINER: On the basis of examinet	1						se(a) and manner as stated.		
8										
H	29b. SIGNATURE AND TITLE OF CERTIFIER			29c, LICEN	SE NUMBER	oh		NED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF DEASON WHO COMPLETED CAUSE OF DEATH	ATEM OF C	Delett				3/3	170		
	Eddie Nakhuda, N.D. 2300 Dul			Rd. Bal	timor	e. Md. 21	204			
			urreg			7 2				
	MAR 07 1990 Julia Jain Comment	Spring.								

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3. TIME OF OEATH

8. BIRTHPLACE (State or Foreign Country)

YEAR

90

4. SOCIAL SECURITY NUMBER

215-24-1043

CHARLES

5. SEX

æ M 2 □ F

J.

58

DAYS

ROLLINS

8. AGE (In yrs. last birthday) | F UNDER 1 YEAR | F UNDER 24 HRS.

2. DATE OF CEATH DAY

7. DATE OF BIRTH (Month, Day, Year) 8/10/31

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de une ueaul ceruman	by the attending phy	and Mental Hydiene
s that the neath certificat	ned by the attending phy	ith and Mental Hydiene
Hes that the neath certificat	signed by the attending phy	Health and Mental Hydiene
equires that the usatil certificat	in signed by the attending phy	of Health and Mental Hygiene
requires that the usaul certificat	een signed by	of Health and Mental Hydiene
idw requires that the usaul columnat	een signed by	eof, of Health and
tie idw requires that the beath certificat	is been signed by	state Deot, of Health and Mental Hydiene

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

2, 3 shou	DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) 439 ILCHESTER AVENUE			BALTIN	9c. COUNTY OF GEATH				
permit. Pages 1,		10a. STATE 10b. COUNT		BALTIMORE					INSIDE CITY LIMITS? YES 2 NO	
	ERAL	100. STREET AND NUMBER 439 ILCHESTER AV	'ENUE		101. ZIP CODE 21218				N OF WHAT	COUNTRY?
the burial-transit	TO BE COMPLETED BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO ATES	If yes, sp	CENDENT OF HISPANIC OF HISPANI		or No— t	Black, Wh	American Indian, Itla, etc.
25 35 AV 105 25		15. DECEDENT'S EOI (Specify only highest grad Elementary/Secondary (0-12)	JCATION a completed) Coffege (1-4 or 5+)	18a. OECEDENT'S (Give kind of life. Do NOT u		ON est of worlding	teb. KIND OF BUS			
d detach		17. FATHER'S NAME (First, Middle, Lest) FRED YANCY			_ABORER SELF EMPLOY 18. MOTHER'S NAME (First, Middle, Maiden Surname) LENA ROLL					
C		ANTOINETTE C. ROLLINS 4			MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Str. 39 ILCHESTER AVENUE/BALTIMORE, NOT DISPOSITION (Name of cemetery, crematory or 20c. LOCATIV			MD	MD 21218	
director.		20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	noval from State	Other Diecel	STAR CEM	IETERY	CA	CATION — CI		
as been gined by the attending physician and completely filled in by the funeral directive, or health and Mental Hygiene prior to burial, cremation, or removal. 23 shows any Injury, or other traumatic event, the medical examiner may		Detta	Elron			NO ADDRESS OF FACILITY $MARCH\ F$) 1 E.	NOR	TH AVE.
		23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on e	ach ilna.		11 28		,	st,	Approximate interval Batween Onset and Death
	MEDICAL CERTIFICATION	disease or condition resulting in death) a. Lando pulmon and arrest arr								
been signed by the at it, of Health and Ments shows any Injury,		PART II. Other significant condition	ns contributing to death b	out not resulting	in the underlyin	g cause given in Part	I. 24a. WAS AN PERFOR	MED?	CON	RE AUTOPSY FINDINGS ULABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
State h	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp	autient 3 🗆 DOA	OTHER:	LACE OF DEATH Check of				
with	ву рну	27. MANNER OF DEATH t Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b, TI	ME OF 28c. IN.		. DESCRIBE HOW I	NJURY OCCU	JRED	
ECTOR: After s after death	9	2 Accident investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							Number,	
TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death IMPORTANT; If item 28 is man	COMPLET	29a. CERTIFIER (Check only 0ne) 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner se stated. EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.								
TO THE FU be filed wi	TO BE (296. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON W	23	ATH (HEM 27) (Type	a, Print)	29c. LICENSE NUMBER	18	29d. DATE	SIGNED (MO	nth, Day, Year)
		31. OATE FILEO (Month, Day, Year)	22. REGISTRAR'S SIGN							
	Ш	11/11/0 1 1330	A source took	- Northwest						DHMH-16 Rev 1/8

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E, MARYLAND 21203-3146

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DAL IN	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after than Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the females of the first part of the first and the	MPORTANT: If liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
5	affer	by the	liio iiio
	DOURS	or re	med
	47	ly fille	the
5	within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Study of Marity and Marity Studies and the completely filled in by the Study of Marity and Marity Studies and the proposition of remaining	vent,
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DIVISION OF VITAL RECORDS, T.O. DOA 13140,	R AT	IRECT	em 2
2	TAL	MID	# 10
	10SP	UNER	ANT
	出	THE F	OHI
	2	21	W

BOUTOLKOS

1990

	1 - FOR STATE REGISTRAR		STATE OF I		/ DEPA					MENTAL	HYGIEN REG. NO.	_			
	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE O	F DEATH			3. TIME OF DEAT	TH
	Georget	te Lou	ise Redm	ond						Febru	ary 2	23 1	990	1:2	2 Pm
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs.	last birthday	IF UNDE	R 1 YEAR	IF UNDE	R 24 HRS.	7. DATE O	F BIRTH		8. BIRTH	IPLACE (State or Fo	
	274-68-3559		1 M 2 F	22	YRS.	MONTHS	DAYS	HOURS	MIN.	Mar.	22, 1	967	To	ledo, Oh	
	9a. FACILITY NAME (If not ins	stitution, give st	reet end number)			9b. CIT	Y, TOWN (NTY OF D		
E	NIH, THE C	LINICA	L CENTER			Beth	nesda	sda, Maryland Montgomery							
DIRECTOR	RESIDENCE OF DEC	EDENT													
R	10e. STATE	106. COUNTY				TY, TOWN	OR LOCAT	LOCATION 10d, INSIDE CITY LIMITS?					1		
	Ohio	Luca	15		To	ledo								1 X YES 2 _	NO
FUNERAL	10e. STREET AND NUMBER	_					101	. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?	
ij l	1938 Potomac Dr. 43607 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC										USA				
5	11. MARITAL STATUS 1 Never Merried 2	and a second	12. WAS DECEDER	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT	OF HISP/	ANIC ORIGIN? can, Puerto Ri	(Specify Yea	or No-		E — American Indi k, White, etc.	en,
ВУ	3 Widowed 4 Divo			MAR OR DATES			1 TYES						Spec	My: Black	
	1S DEC	EDENT'S EDUC	CATION	180	DECEDENT	e Hellal /	CCUPATION OF THE PROPERTY OF T	2N		485.1	KIND OF BU	PINESS (IN	DUCTOV		
ETE	(Specify only Elementary/Secondary (0-	highest grade	completed)		(Give kind o life. Do NOT	f work done use retired.	during mo	st of work	ing	100.1	WIND OF BO	3114E33/1141	DOSTAL		
PL	Elementally/Secondary (o	12)	College (1-4 or 5		Stude	ent				U	nive:	rsit	У		
COMPLETED	17. FATHER'S NAME (First, Mi	ddle, Last)						18, MO1	HER'S N	AME (First, Mi	ddle, Maiden	Sumame)	-		
C	Robert C.	Redi	non d					An	n F	Rice					
BE	19e. INFORMANT'S NAME (T	/pe/Print)		I	19b. MAILIN	IG ADDRES	SS (Street e			l Route Numbe	r, City or Tow	n, State, Zij	p Code)		
5	Ann R. Redr	nond,	mother	- 1	Sar	ne as	abo	ve							
	200. METHOD OF DISPOSITI			20b. PLA	CE OF DISP	OSITION (A	lame of cer	metery, cre	matory or		20c. LO	CATION -	City or To	own, State	
	1 Suriel 2 Crematio		oval from State		edo.	Memo	oria	1 P	ark		s	vlv	ania	, Ohio	
	21. SIGNATURE OF SINERAL	SERVICE U	ENSEE		_	22	NAME A	NO ADDR	SEC OF E						
	DIAM A	DITT	5											n,VA 2	2201
	23. PART I. Enter the di	total or	complications the	t caused the	death Do	not onto									
	shock, or he	eart failure.	List only one ca	use on each	ine.	HOL SILE	n the mo	ue or u	ring, su	ich as cardi	ac or reap	iratory ar	rest,	Approxim	etween
	IMMEDIATE CAUSE (Fin disease or condition													Onset an	d Death
	resulting in death)	→	a. MASSIU	(OR AS A CON	SECHENCE	SUBF	take	HNO	10	Hen	nona	HAG	E	1 4	14
_		_												1,500	
CERTIFICATION	Sequentially list conditi		DUE TO	OR AS A CON	SEQUENCE	OF):								W.E.	es
CAT	cause. Enter UNDERLYI	NG	c. Lymph				DMA	1.4	1	· · · · · ·	hen	41551	N 43	6 200	wthe
Ĭ	CAUSE (Disease or Inju that initiated events		DUE TO	OR AS A CON	SEQUENCE	OF):	01111			in con		11001			11113
IN.	reaulting in death) LAS		d												
	PART II. Other aignifica	nt condition	a contributing to	death but n	nt regulting	a in the s	ndedula	~ 001100	aluan l	n Part /	24a, WAS AN	ALETOROV	Lan	. WERE AUTOPSY F	WID#100
S						J III WIE C	muonym	y cause	given ii	II Part I.	PERFO		246	AVAILABLE PRIOR	TO
	Immune 1	11/044/90	cytopeni	c purp	ora						1 X YES	□ NO		OF DEATH?	CAUSE
Z	1 TYES 2 1 NO								NO						
AN	25. WAS CASE REFERRED TO MEDICAL 26 PLACE OF DEATH (Charle only only)														
2	EXAMINER?	MEDICAL	HOSPITAL:	-		OTHE	R:			Check only one					
₹	1 TYES 2 THO 27. MANNER OF DEATH		1 Xinpatient 2				_		teeldence	8 Other			2011055		
BY PHYSICIAN: MEDICAL		Pending		Day, Year)		IME OF NJURY M	WC	URY AT DAK? YES 2	□ NA	28d. DESC	RIBE HOW	INJUNT OC	CURED		
	- C	Investigation	28e PLACE	OF INJURY — A	t home form				_ 40	281 1 004	TION (Steed	and Alimb	w or Proof	Route Number,	
ED		Could not be determined	building	, atc. (Specify)	TROTTING, THEFT	, etreet, re	ctory, orne			City o	r Town, State,)	or muran	rioute Number,	
Ш	29e. CERTIFIER		1												
COMPLETED	(Check only		CIAN: To the best of												
8			R: On the beele of	value letton and	AN HAMMINGS	and an my	ориноп, с				rid Piace, at		3-17-		
BE	296. SIGNATURE AND TITLE								ENSE N	rich de	10			O (Month, Day, Year)	
Cather Boyacker ms								D39137 FEB 24, 1990					0		

9000 Rockville Pike, Bethesda, Maryland 20892

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the certificate by the attending physician and completely filled in by the state of the site begind by the attending physician and completely filled in by the state begind by the attending physician and completely filled in by the state begind by the attending physician and completely filled in by the state begind with the State begind Mental Hygiene prior to burial, cremation, or remove the marked, or item 23 shows any injury, or other traumatic event, the medical manufacture is notified at once.	BA MARYLAND 21203-3146	he or me transfer retained by the hospital or attending physic	and the principle of th	at examiner with be notified at once.	
FFEE	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a	HE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by a case, and completely filled in by the case have been able to be an active to being completely filled in by	ORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the media	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPART			NTAL HYGIEN	E	0 00020
	1. DECEDENT'S NAME (First, Middle, Last)	2 /			2.	DATE OF DEATH DA	v/_ v	3. TIME OF DEATH
	KOSE	Kubins	7			3/2	190	5210 AH
	4. SOCIAL SECURITY NUMBER 218-34-1126	5. SEX 6. AGE (In y		ONTHS DAYS	HOURS MIN.	DATE OF BIRTH (Month, Day, Year) 6/20/07		BIRTHPLACE (State or Foliagen Country) RUSSIA
OR	90. FACILITY NAME (If not institution, give si	ted Center	Soul	1 /4	R LOCATION OF DEATH	1	9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT /	73 - 32 - 32	10c. CITY.	TOWN OR LOCAT				10d, INSIDE CITY
1 - 1	MARYLAND		BA	LTIMORE				1 TES 2 NO
FUNERAL	100. STREET AND NUMBER 1190 W. NORTHERN	PARKWAY, APT	. 325	101.	21210		10g. CITIZEN	OF WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U. FORCES? 1 YES	S. ARMED		ENDENT OF HISPANIC (ocify Cuben, Mexican, P		or No- 14.	RACE — American Indian, Black, White, etc.
В	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE		1 TYES	NO Specify:	waito invair, ato.;		Specify: WHITE
ETED	15. DECEDENT'S EDUC (Specify only highest grade		Sa. DECEDENT'S US	rk done durina mos	N st of working	16b. KIND OF BUS	BINESS/INDUS	TRY
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	ilife. Do NOT use SAI	retired.) LESLADY			CLOTHE:	S
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME			
BE	DANIEL HECHTER 190. (NFORMANT'S NAME (Type/Print)				REI		KNOWN	
2	MRS. MILDRED KEL	LER		VOODVALI	EY DR.	BALTIMORE		21208
	20a, METHOD OF DISPOSITION 1 2 A Crymetion 3 Rem	oval from State 20b. Pl	LACE OF DISPOSIT	TION (Name of cen	netery, cremetory or	20c. LO	CATION — City	or Town, Stata
	4 Donation 5 Other (Specify)	ensel of	BETH E		TAL PARK		ANDALL	STOWN, MD
	* Aufuly 1.	Altellua.	٥		L LEVINSO			VD 03.03.5
	23. PART I. Enter the diseases, or	complications that caused the List only one cause on ago	he death. Do no		RETSTERST de of dying, such se			, Approximate
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	" S ELISIS (V		1. Rus	sistemt :	stagh as	INEUS	Onset and Death
_	_	I nul mo l	ONSEQUENCE OF	18this	Min Ris	is tant	total.	aureus)
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A OR		,,,,,		, , .	/	
IFIC/	CAUSE (Disease or injury that initiated events	e. V	ONSEQUENCE OF):					
ERT	resulting in daeth) LAST	d						
AL C	PART II. Other eignificent condition		11			rt i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC	Cirebro	vascular	Thre	mbos	15	1 YE\$ 2	XNO	OF DEATH?
						-		1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Check	only one)		
YS	1 YES 2 NO 27, MANNER OF DEATH	1 Ninpatient 2 - ER/Outpati	ent 3 🗆 DOA 4		e 8 🗆 Residence 6			(4)
	1 Netural 8 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	VRY AT 28	d. DEŞCRIBE HOW I	NJURY OCCUP	RED
D BY	3 Suicide 8 Could not be	28e. PLACE OF INJURY — building, atc. (Specify)	At home, ferm, str	reet, factory, office	• 26	of, LOCATION (Street a City or Town, State)		Rural Route Number,
ETE.	4 Homicide determined							
COMPL	anal and	ICIAN: To the best of my knowled ER: On the basis of examination a						
BE C	29b. SIGNATURE AND TITLE OF CENTURE	1 -	7 0		29c. LICENSE NUMBE		29d. DATE S	IGNED (Month, Day, Year)
70	30. NAME AND ADDRESS OF PERSONWH	O COMPLETED CAUSE OF OEAT	H (ITEM 27) (Type. F	Print)	D1569	8	3	12/90
	MARCOS GI		20.					
	31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S SIGNATI	URE					

10 THE HOSHAL UR AT EXUMING PRESCRIPE. The law requires that the death centuriate of execution whitell services are death. Fage of TO THE FUNERAL DIRECTOR. After this centificate has been signed by the attending physician and completely filled in by the tuneral direct be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal authorograms; 44 has 98 to marked or them 28 shows any intervent or other trainmaftle event the medical examiner min	0	rect		Ē
10 THE HOSPIAL OR ALENDING PRISOLUMY: THE RAY REQUESS that the beat Centricate to execute whitell seminate sense treating. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuners be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burds, cremation, or removal. ***IMPROPRIATE 14 hours by the marked or than 52 shows any Inline, or other trainable sevent the medical examiliation.	9	al di		ner
10 THE MUSTIAL UNIAL ENDING PRINCIPLY. The law requires that the death centurate or execution which services area 10 THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal automoratars at team 28 is marked to them 23 shours and fulling or other traumatic event the medical.	negill.	funera		exami
10 THE MUSICIAL UNIALIZATIONS THISDUANT. THE LAW REQUIRES THAT the Death Centurizes to execute which is serviced by THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept. of Health and Mental Hygine prior to burial, cremation, or remained the hygine prior to burial, cremation, or remained to a them 23 e house any infinity or wither trainmaffle event the medital properties.	133	the	Deva	6
10 THE HOSPITAL OR ALIENDING PRINCIPLANT, the law requires that the death cetimizate on executed within serving TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled it has death with the State Dopt. of Health and Mental Hygines prior to burial, cremation, or be the filled to the prior to burial, cremation, or has the may 29 is may 29, shows any Inliney or other trainmatic event the min.	0	5	Гед	ipe
10 THE HOSPIAL OR ALENDING PRINCIPANT, the law requires that the death cellineare or executed within sex TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely fill be filed within 72 hours after death with the State Dept. of Health and Mental Hyghene prior to burial, cremation that the properties of t	ž	pa	0	E
10 THE HOUSFILE, UR AT ENVINGS PRINCIPAL. THE LAW REQUESS that the deadler continued to executed which TO THE FUNCEAL URECAL LINEAL DIRECTORS. After this certificate has been signed by the attending physician and completel be filed within 72 hours after death with the State Dest. or Health and Mental Hygiene prior to build, cremit subcopyrate; at team 28 is marked or than 23 shows and intrins or other trainmafts event.	6	y fil	rtiou	ŧ
10 THE MUSICIFIAL UK ALTENDING PRESIDENTIA THE LAW REQUESTS THAT URE DATE OF CHILDREN OF SECURED TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and conbe fried within 2 hours after death with the State Dept. of Health and Mental Hydiene prior to burial. INSTANTANTAL 12 hours after death with the State Dept. of Health and Mental Hydiene prior to burial.	MIDIM	npletel	crema	Vent
10 THE HOSPIAL OR ALENDING PRINCIPLANT, The law requires that the death certificate or execution THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and be filed within A hours after death with the State Dept. of Health and Mental Hygiene prior 10 is in adviced by the part of the Theury 10 is in adviced or Health 32 shows any Inline, or other Theury 10 is	200	69	la,	-
10 THE HOSPIAL OR ALL ENDINGS PRINCIPLIANS. THE JAW BEQUESS that the death certificate one by TO THE FUNERAL DIRECTORS. After this certificate has been signed by the attending physician be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to impropriate the times 28 te marked or them 23 shows any injury or other trains.	YOU	and	ğ	Jati
10 THE HOSPIAL OR ALIENDING PRISIDANT, THE JAW REQUESS USE UNE DEBUT CERTIFIED TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physics field within 72 hours after death with the State Dept. of Health and Mental Hygiene prite interportate; it have 28 is marked or item 23 shows any intury or other tra	2	lan	or to	FILE
10 THE HOSPIAL OR ALENDING PRISOLANT, the law requires that the death country TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending phe be filed within 75 hours after death with the State Dept. or Health and Mental Hygiene is an accountable to the property of them.	910	ySic	pii	E
10 THE HOSFIAL OR AT ENUMING PRISOLORY: The law requires that the beart or TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending be filed within 72 hours after death with the State Dept. of Health and Mertal Hygin Libroranars 14 team, 98 te marked or tiem 73 shows any Intiliny or no.	1	9	ene	the
10 THE HOSTIAL UR ALENDING PRISOUND; THE AMERICAN DISCUSSION OF THE FUNERAL DIRECTOR: After this certificate has been signed by the atten be filed within 72 hours after death with the State Dept. of Health and Mental I IMPORTANT II I Item 29 the marked or I lam 23 ehrows any Inlinty or	3	din	F	7
10 THE MUSETIAL UR ALTENDING PRINCIAN. THE LAW requires that the TOT THE FUNERAL DIRECTORS. After this certificate has been signed by the 2 be filed within 72 hours after death with the State Dept. of Health and Men	inpo	itter	ta	-
10 THE HOSPIAL UR AN ERVOING FRESICIANS. THE LAW REQUEST LIGHT TO THE FUNERAL DIRECTORS After this certificate has been signed by be filed within 72 hours after death with the State Dept. of Health and LIBORDRARY. 14 18-m. 98 te marked. At 18-m. 28 showe and 18-m.	n all	the	Men	niin
10 THE HOSFIAL UR ALENDING FITSOLIAN; THE FOR REQUESTS TO THE FUNERAL DIRECTOR: After this certificate has been signed be filed within 72 hours after death with the State Dept. of Health Internot Fals. 18 Jan. 98 is marked or Heart 73 ethnics as	P	3	and	20
10 THE HUSPITIAL OFF ALENDING PRINCIPAL, THE FAW FOLD TO THE FUNERAL DIRECTOR: After this certificate has been be flid within 75 hours after death with the State Dept. of 1 LEADOCTAITS: At least 28 is marked or Hear 23 ship	IN CO	signed	Health	We a
10 THE HOSPITAL OF ALTERDRING PRINCIPLY. TO THE FUNERAL DIRECTOR. After this certificate has be filed within 72 hours after death with the State Dept. ***IMMODIFIED**********************************	E C	E S	6	pho
10 THE HUSPITAL ON ALTENDING PRISOLARY; IN TO THE FUNERAL DIRECTOR: After this certificate be filed within 72 hours after death with the State MADAGEMENT IN HOM 28 In marked or Nem	MPI 2	has be	Dept.	23
10 THE HOSPIAL OR ALIENDING PRINSING TO THE FUNERAL DIRECTION: After this certificated within 72 hours after death with the HEADOTANTS 18 form \$28.10 months and the second secon	N.	Scale	State	item
10 THE HUSPINAL OH ALLENDING PRING TO THE TOTAL DIRECTOR: After this of be filed within 72 hours after death with IMPORTANT. IN New 28 is marked.	2	erti	the	9
TO THE FUSPILAL OR ALTENDING PROTECTOR: After the filed within 72 hours after death with proportative at them 28 is made	2	his	新	Mand
TO THE HOSPITAL OR ALTENUTO TO THE FUNERAL DIRECTOR: De filed within 72 hours after the proportants at them 28 le	JUNG P	After t	death	TE CH
TO THE FUNERAL DIRECT TO THE FUNERAL DIRECT De filed within 72 hours at	EN	99	ter	-
TO THE FUNERAL DIRI TO THE FUNERAL DIRI De filed within 72 hour	Z	5	s af	200
TO THE FUNERAL De filed within 72	5	DIR	hour	Her
TO THE FUNE TO THE FUNE De filed within	Z	RAL	22	2
THE THE	3	FUNE	withir	TAMT
2 6 9 3	£	里	pa	900
	2	2	be f	30.00

	1 - STATE REGISTRAR	SIAIE UF I			ICATE				MENTA	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH			TIME OF DEATH
	Camilla	Dennis	Rogers						MON 3	TH DAY	199	()	4:00 a M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lea	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATI	OF BIRTH		. BIRTHPL	ACE (State or Foreign
	217-36-2186	1 M 2 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	3/	25/15		Country)	Md.
	9e. FACILITY NAME (If not institution, give str	reet end number)			9b. CITY,	TOWN O	R LOCATI	ON OF DE		1	9c. COUNT	Y OF DEAT	
œ	720 Parkway Ci	rcle			S	alis	bury	,			Wi	comi	co
띩	RESIDENCE OF DECEDENT	TCIC					, bur j						
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION					10	d. INSIDE CITY LIMITS?
	Md. Wic	omico		5	Salis	bury	r					1	X YES 2 NO
₹ I	10e. STREET AND NUMBER					101.	ZIP COO	E			10g. CITIZE	N OF WHA	T COUNTRY?
5	720 Parkway Ci	rcle					21	.801				USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDE!	NT EVER IN U.S. AF	RMED						IN? (Specify Yee Rican, atc.)	or No— 1	4. RACE - Black, V	American Indian, /hite, etc.
- B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES				2 NO			,		Specify	White
	15. DECEDENT'S EDUC	CATION	10- 0	ECEDENT'S	USUAL OC	CHIBATIC	NA .		- 4	b. KINO OF BUS	NECO (NICL)	O.T.mv	
۳	(Specify only highest grade	completed)	(C	Bive kind of Do NOT u	work done d	luring mo	st of working	ng	10	B. KINO OF BUS	MESS/INDU	SINT	
	Elementary/Secondery (0-12) 12 yrs. 3	yrs.	*) R	egist	ered	Nur	se			Medica	1 Pro	fess	ion
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	720.	L				18. MOT	HER'S NA	ME (First	Middle, Malden S	lumame)		
	Eugene Freder	ick DEnr	nis				Per 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			J. Melv	,		
H	19e, INFORMANT'S NAME (Type/Print)			96. MAILING	ADDRESS	(Street a	nd Numbe	r or Rural I	Route Nui	mber, City or Town	, State, Zip C	(ode)	
2	Robert Rogers			720	Park	wav	Circ	le.	Sal	isbury,	Md.	218	01
	20e. METHOD OF DISPOSITION		20b. PLACE	OF OISPO							ATION - CI	ty or Town	Siste
	1 Denetion 5 Other (Specify)	oval from State	other p		ergr	een	Ceme	etery	7	Ве	rlin,	Md.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					ID ADDRE						Home
	V/1/201/	Section								Burbag 108 Wi	llian	s St	·
	23. PART I. Enter the disasses, or c	complications th	at caused the d	eeth Do	not enter	the mo	de of du	Inc. euc	h as co	Berlin	Md	21	811 Approximeta
	shock, or hasrt fallure. I	List only one ca	use on aach lin	a.	THE CHINA		do di dy	mg, suc	11 80 00	rolle or respir	otory one	014	Intarval Between
	IMMEDIATE CAUSE (Final disease or condition	ì	0 10	-									Onset and Death
	resulting in death)	DUE TO	OR AS A CONSE	OUENCE O	In:			-					o morris
_													
0	Sequentially list conditions, if any, lasding to immediate	DUE TO	OR AS A CONSE	OUENCE O	F):								
CERTIFICATION	cause. Enter UNDERLYING												
Ē	that initiated events		OR AS A CONSE	OUENCE O	IF):								
	resulting in death) LAST	d											
	PART ii. Other significant condition	s contributing to	o daeth but not	resulting	in the un	dariyind	cause	given in	Part I.	24a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
SAL										PERFOR			MILABLE PRIOR TO DMPLETION OF CAUSE
9										1 _ YES 2	K NO		F DEATH?
	(1		1 1	☐ YES 2 1 NO
										1			
	25. WAS CASE REFERRED TO MEDICAL		 -			26. PI	ACE OF C	DEATH (Ch	eck only	one)		_	
	EXAMINER?	HOSPITAL:	FR/Outpatient	3 🗆 DOA	OTHEF 4 Num	₹:	ACE OF C						
		1 Inpatient 2		28b. TII	4 Nun	t: sing Hom 28c. INJ	e 5 ₹ R		8 🗆 Ot	one) her (Specify) ESCRIBE HOW IN	JURY OCCI	JRED	
PHYSICIAN: MEDI	EXAMINER? 1 ☐ YES 2 ☒ NO 27. MANNER OF DEATH 1 ☒ Netural 5 ☐ Pending	1 Inpatient 2		28b. TII	4 🗆 Nun	t: sing Hom 28c. INJ	ie 5 ∕ R URY AT ORK?		8 🗆 Ot	her (Specify)	JURY OCC	JRED	
BY PHYSICIAN: MEDI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 Inputient 2 28e. DATE O (Month, 28e. PLACE	F INJURY Day, Year) OF INJURY — At h	28b. TII	4 - Nun	28c. INJ WO	e 5 1 R URY AT PRK? YES 2 [esidence	8 Ott	her (Specify) ESCRIBE HOW IN			rte Number,
ED BY PHYSICIAN: MEDI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inputient 2 28e. DATE O (Month, 28e. PLACE	F INJURY Day, Year)	28b. TII	4 - Nun	28c. INJ WO	e 5 1 R URY AT PRK? YES 2 [esidence	8 Ott	her (Specify) ESCRIBE HOW IN			te Number,
ED BY PHYSICIAN: MEDI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER NO CERTIFIER NAME OF THE PROPERTY OF THE PR	1 Inpetient 2 28e. DATE O (Month, 28e. PLACE building	F INJURY Day, Year) OF INJURY — At h I, etc. (Specify)	28b. Till IN nome, farm,	4 Num	28c. INJ WO 1 U	IURY AT DRK? YES 2 [esidence NO	8 - Ott	ner (Specify) ESCRIBE HOW IN DCATION (Street e ty or Town, State)	nd Number c	er Rural Rou	ite Number,
ED BY PHYSICIAN: MEDI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER Check only Check only CERTIFYING PHYSI	1 Inpetient 2 28e. DATE 0 (Month, 28e. PLACE building	F INJURY Day, Year) OF INJURY — At h 1, etc. (Specify)	28b. Till IN	4 Nuri	t: sing Hom 28c. INJ WO 1 — ' tory, offic	in 5 R R URY AT PRK? YES 2 {	NO NO	8 - Ott 28d, D 28f, LC	ner (Specify) ESCRIBE HOW IN DCATION (Street e by or Town, State)	nd Number o	or Rural Rou	
COMPLETED BY PHYSICIAN: MEDI	EXAMINER? 1 YES 2X NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	1 Inpatient 2 28e. DATE O (Month, 28e. PLACE building CIAN: To the best of	F INJURY Day, Year) OF INJURY — At h 1, etc. (Specify)	28b. Till IN	4 Nuri	t: sing Hom 28c. INJ WO 1 — ' tory, offic	tury AT PRK? YES 2 { e and place	NO NO	8 Otto	ner (Specify) ESCRIBE HOW IN DCATION (Street e by or Town, State)	nd Number o	d.	nd manner as stated.
BE COMPLETED BY PHYSICIAN: MEDI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER Check only Check only CERTIFYING PHYSI	1 Inpatient 2 28e. DATE O (Month, 28e. PLACE building CIAN: To the best of	FINJURY Day, Year) OF INJURY — At h 1, etc. (Specify)	28b. Till IN	4 Nuri	t: sing Hom 28c. INJ WO 1 — ' tory, offic	tury AT PRK? YES 2 { e and place	NO NO	8 Otto	ner (Specify) ESCRIBE HOW IN DCATION (Street e by or Town, State)	nd Number o	d.	
COMPLETED BY PHYSICIAN: MEDI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 29b. SIGNATURE AND TITLE OF CHARLES	1 Inpatient 2 28e. DATE 0 (Month, 28e. PLACE building CIAN: To the best of	FINJURY Day, Year) OF INJURY — At h ,, etc. (Specify) of my knowledge, d examination end/or	28b. Til IN nome, farm, death occur r investigati	4 Num ME OF JURY M street, fact	t: sing Hom 28c. INJ WO 1 — ' tory, offic	tury AT PRK? YES 2 { e and place	NO NO	8 Otto	ner (Specify) ESCRIBE HOW IN DCATION (Street e by or Town, State)	nd Number o	d.	nd manner as stated.
BE COMPLETED BY PHYSICIAN: MEDI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CHIPTER 30. NAME AND ADDRESS OF PERSON WH	1 Inpatient 2 28e. DATE 0 (Month, 28e. PLACE building CIAN: To the best of R: On the basic of	FINJURY Day, Year) OF INJURY — At h , etc. (Specify) of my knowledge, d examination end/or	28b. Till IN	4 Nun ME OF JURY M street, fact red at the II ion, In my o	R: sing Hom 28c. INJ WO 1 - V ory, offic ime, date opinion, d	URY AT PRICE 2 { e e e e e e e e e e e e e e e e e e	NO N	a Otto	her (Specify) ESCRIBE HOW IN DOCATION (Street e Ty or Town, State) sause(e) and men te end place, and	ner ee state d due to the	d. couse(e) a	nd manner as stated.
BE COMPLETED BY PHYSICIAN: MEDI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 30. NAME AND ADDRESS OF PERSON WH Charles B. Silv:	1 Inpatient 2 28e. DATE 0 (Month.) 28e. PLACE building CIAN: To the best of R: On the basic of	FINJURY Day, Year) OF INJURY — At h I, etc. (Specify) of my knowledge, d examination end/or USE OF OEATH (ITI M.D.	28b. Till IN	4 Nun ME OF JURY M street, fact red at the II ion, In my o	R: sing Hom 28c. INJ WO 1 - V ory, offic ime, date opinion, d	URY AT PRICE 2 { e e e e e e e e e e e e e e e e e e	NO N	a Otto	her (Specify) ESCRIBE HOW IN DOCATION (Street e Ty or Town, State) sause(e) and men te end place, and	ner ee state d due to the	d. couse(e) a	nd manner as stated.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR	OIME OF MAINE	CERTIF	ICATE C	F DEATH	REG.	NO.		
L.DFCEDENT'S NAME (First, Middle, Last)					2. DATE OF OEAT	TH DAY	YEAR	3. TIME OF DEATH
BERTHA CAROLINE	RICE				MARCH 0	2 1990		2:44 p.m. M
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEA		7. DATE OF BIRTI (Month, Day, Ye	H ar)	6. BIRTI	HPLACE (State or Foreign
217-26-4875		32 yrs.	MONTHS DAT	S HOURS MIN.	11-04-	1907		nnsylvania
Se. FACILITY NAME (If not institution, give st THE JOHNS HOPKINS	HOSPITAL		BALTIM	ORE CITY	EATH		LIMOE	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	TY, TOWN OR LO	CATION				10d. INSIDE CITY
-	imore	E	dgemere					LIMITS? 1 YES 2 X NO
7817 North Cove	Road			21219			.S.A.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS OECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes	DECENDENT OF HISPAI , specify Cuban, Maxica YES 2 NO Specif	n, Puarto Rican, et		14. RAC Blac Spec	E — American Indian, k, White, etc. White
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a. DECEDENT'S	S USUAL OCCUP	ATION a most of working	16b. KIND O	F BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12) 9th Grade	College (1-4 or 5+)	Tailor	retired.)	y most or working	Cl	othing	Indi	ıstry
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, M	alden Sumame)		
Walter Konopka				France	s u	nknown		
19a. INFORMANT'S NAME (Type/Print)				eet and Number or Rural				
Gloria Wild				h Cove Roa				21219
20a. METHOD OF DISPOSITION 1 Description Description	over from Ctote	celture manners		cometery, crematory or or orial 3/5,		LOCATION -		- 1
21. SIGNATURE OF FUNERAL SERVICE LIC	Eyett /	//		AND ADDRESS OF FA			7	71 -
· Chash W.	tish			a-Ruck Fur 2 Wise Ave				
23. PART I. Entar the diseases, or of shock, or heart failure.			not antar tha	mode of dying, aud	h aa cardlac or	reapiratory a	rrest,	Approximata Interval Batween
IMMEDIATE CAUSE /Final	a. ARDS (A		pirato	ry Avres	+ Synd	rome)	Onset and Death
	DUE TO (OR AS							10 days
Sequentially list conditions, If any, leading to Immediate cause, Enter UNDERLYING	DUE TO (OR AS		*					1 year
CAUSE (Disease or Injury that initisted evants		A CONSEQUENCE O				<u>. </u>		1/201
resulting in death) LAST	d.							
PART II. Other significant condition	a contribution to double	hut ant moulding	In the content	hilan assas alsos la	See Late III	AS AN AUTOPS		b. WERE AUTOPSY FINDINGS
PART II. Olivai agrinicani condutori	e contributing to daath	but not resulting	in the under	lying cause given in	Pt	ERFORMED?	49	AVAILABLE PRIOR TO COMPLETION OF CAUSE
								OF DEATH? 1 □ YES 2 NONO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Instinct 3 DOA	OTHER:	6. PLACE OF DEATH (CI		w)		
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TII	ME OF 28c	. INJURY AT	28d. DESCRIBE		CCURED	
1 Netural 5 Pending	(Month, Day, Year)	IN IN	M 1	WORK?				
2 Accident Investigation 3 Sulcide 8 Could not be determined	28e. PLACE OF INJUR building, atc. (Spi	Y — At home, farm, ecity)	street, lactory,	office	281. LOCATION (S City or Yown,		er or Rural	Route Number,
29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	wiedge, death occur	rred at the Jime.	data and piece, and du	to the cause(a) ar	d menner as st	tated.	
cons)	R: On the besia of axaminati							(a) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIED	lell	MO		29c. LICENSE NU	MBER	29d. D/	3/6	0 (Month, Day, Year) 2/90
Brian J Co	o completed cause of D	PEATH (ITEM 27) (Type	e, Print)	Wolfe S	1. Ral	house	ans	21209.
31. DATE FILED (Month 0°27 1990	Jas. REGISTRAR'S SIG	PHELOS.		· · · · · · · · · · · · · · · · · · ·				

MODE MARYLAND 21203-3146 14:44 3/2 (F) should be detached for use as the burial-transit rained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-18 Rev 1/89

DHMH-16 Rev 1/89

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DIVISION OF YEAR DECORDS, T.O. BOA 13140,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pl	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral on be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinary
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MAR 07 1990

	1 - STATE REGISTRAR	SIAIE UP N	IAKTLANU / CE				DEAT		MENIAL	REG. NO.	E			
	1. DECEOENT'S NAME (First, Middle, Lest)					- 01	DEA		2. DATE C	OF DEATH			3. TIME OF DE	ATH
	LESTER DEAN RH	TNF							нтиом	-3-90	Y	YEAR	1:11	Ъм
		. SEX	8. AGE (In yrs. last	birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE O	F BIRTH	T	o. BIRTHP	LACE (State or	1
	212-14-1057	X M 2 - F	69	YRS.	MONTHS	DAYS	HOURa	MIN.		Day, Year) 22-21		Country)	SYLVAN	TA
	Se. FACILITY NAME (If not institution, give stree	t and number)	0.5		9b, CITY	, TOWN C	R LOCATIO	ON OF DE		2/-/		TY OF DEA		LA
BO	VA MEDICAL CENTER					7700		-			DAT	TIMO	יבוכו	
DIRECTOR	RESIDENCE OF DECEDENT						HOWA	RD			DAI	1110	K.E.	
RE	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN							1	10d. INSIDE CI LIMITS?	TY
- 4		IMORE					DALK					1	YES 2	NO NO
3AL	100. STREET AND NUMBER 6914 HOMEWAY ROAD					101	ZIP CODI				10g. CITIZ	EN OF WH	IAT COUNTRY	?
FUNERAL	V							212				USA		
3	11. MARITAL STATUS 1 Never Merried 2 Married	FORCES? 1	T EVER IN U.S. ARI						IC ORIGIN?	(Specify Yee lcan, etc.)	or No-	14. RACE - Black,	 American in White, etc. 	dian,
BY	3 Widowed 4 Divorced	WW TT	AR OR DATES			1 TYES	2 X NO	Specify	:			Specify:		
	15. DECEDENT'S EDUCAT	7777	16e. DE	EDENT'S	USUAL O	CCUPATIO	N .		16h.	KIND OF BUS	INFSS/INDS	17.4	ITTE	
E	(Specify only highest grade con Elementery/Secondery (0-12)		(Gi	ve kind of Do NOT u	work done se retired.)	during mo	st of working	g						
PL	7TH GRADE	N/A	'	STE	ELWOF	RKER				BETH	LEHEN	1 STE	EL COF	æ.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		· · · · · · · · · · · · · · · · · · ·				18. MOTI	IER'S NAI	ME (First, M	iddle, Malden	Surname)			
	WILBERT RHINE						F	TTA	VOCKI	W				
BE (19e, INFORMANT'S NAME (Type/Print)						nd Number	or Rural F	oute Numbe	er, City or Town	n, State, Zip	Code)		
2	MARY RHINE		R	T 4	BOX	714	SEAF	ORD,	DELA	WARE	19	973	100	
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remove		20b. PLACE	OF DISPO	SITION (N	ame of car	netery, cren		and No. of	20c. LO	CATION - C	ity or Tow	n, State	
	4 Donation 5 Other (Specify)	Trom Stete	OAK L	AWN	CEME	TERY	3-	7-19	90	BAL	TIMOF	RE, M	ARYLAN	ID .
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE			22	NAME AS	D ADDRE	SS OF FA	TATE	IOME O	F DIN	IDAT.K	, INC.	
	1 Social P	Ca	. La		7	922	WISE	AVE	NIE I	UNDAL	K. MI) 2	1222	
	23. PART i. Enter the diseases, or con	apilications that	t caused the da	ath. Do									Approxi	mate
	shock, or heart fallure. Lis	t only one cau	se on each lina								, ,	,	interval	Batween nd Death
	iMMEDIATE CAUSE (Final disease or condition	CONGE	STIVE CA	RDTC	MYOF	АТНУ							Oliset a	iid Daadii
	reaulting in death) a		(OR AS A CONSEC										-	
z		CORON	ARY ARTE	RY D	ISEA	SE								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	UENCE O	F):								1	
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	DIABE.	TES MELL	ITUS)									
E	that initiated evants	DUE TO	(OR AS A CONSEC	UENCE O	F):									
EH	resulting in death) LAST													
	PART il. Other aignificent conditions of	ontributing to	death but not n	esuitina	in the u	nderlyini	Causa i	ni nevir	Part i	24e, WAS AN	AHTOPSY	24b 1	WERE AUTOPSY	EINDINGS
PHYSICIAN: MEDICAL	CEREBROVASCULAR									PERFOR	MED?		AVAILABLE PRIC	OR TO
	January 110 GOLI III	DIOLATOI	<u> </u>						_	1 TYES 2	XNO.	4 3	OF DEATH?	
2									-				1 YES 2	NO
AN	25. WAS CASE REFERRED TO MEDICAL					28 PI	ACE OF D	EATH /Ch	eck only one	1				
S		IOSPITAL:	ER/Outpatient 3	□ 00A	OTHE	R:								
Ä	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b, TIA	AE OF	28c. INJ		sidence	8 Other	(Specify)	NJURY OCC	URED		
	1 Natural 5 Pending	(Month, D.	ay, Year)	IN	JURY M	1 🔲	RK? YES 2] NO						
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At ho	me, term,	street, fac	tory, offic	•		28t. LOCA	TION (Street	and Number	or Rural Ro	oute Number,	
Ĕ	4 Homicide determined	bullaing,	etc. (Specify)						City o	r Town, State)				
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the heat of	my knowledge de	eth occur	rad at the	time date	and place	and this	to the new	ne(a) and man	nas aa atal	4		
MP	(Check only one) 2 MEDICAL EXAMINER:												and menner e	e stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	12			/					,				
BE	Marcia a	KONO	MI				Nac. Fig.	ENSE NUA	2 GI		29d. DATE	2 SIGNED	Month, Day, You	nr)
5	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAU	SE OF DEATH (ITE	1 27) (Sm.	Print ¹		40	100) (2/3	100	
- 1	DR MARCIA KANE, VA	MED I CA	L. CENTER	H.	C HOV	VARD.	MAR	VI AN		21052				

3. TIME OF DEATH

10d. INSIDE CITY 1 YES 2 NO

Approximeta

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO

COMPLETION OF CAUSE OF DEATH?

1 - YES 2 - NO

► Mars

Interval Between

Onset and Death

3:30

	K	
-		
•		

ND 21203-3146

BALTIMORE,

BOX 13146,

P.O.

RECORDS,

DIVISION OF VITAL

Hem

IMPORTANT: If

FUNERAL WITHIN 72 1 HOSPITAL

2 2 3

COMPL

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) AKA Rita Sibley YEAR Rita M. ROBINSON March 5, 1990 4. SOCIAL SECURITY NUMBER 215 14 6804 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 1 🗆 M 2 🖺 F Virginia DAYS HOURS MIN. permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH Franklin Sq. Hospital Rossville 21237 DIRECTOR Baltimore RESIDENCE OF DECEDENT Maryland Baltimore 10c. GITY, TOWN OR LOCATION 100. STREET AND NUMBER 1025 Old Eastern Ave. 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101. ZIP CODE 21221 the burlatminst or attending physician. 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, apecify Cuban, Maxican, Puerto Rican, etc.)
1 TYES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2*
IF YES, GIVE WAR OR DATES 1 Naver Married 2 Married specify: White BY 3 KWidowed 4 Divorced 10 COMPLETED 15. DECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KINO OF BUSINESS/INDUSTRY 20 (Specify only highest grade completed) 33 Elementery/Secondary (0-12) College (1-4 or 5+) Housewife HOME 17. FATHER'S NAME (First, Middle, Lest)
Toponh Colley 18. MOTHER'S NAME (First Middle, Melden Surname)
Laura Eubank BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Tayp, State, Zo Coch 1643 Cape May Rd. Balto., Md. 21221 2 Mary C. Rahnis, Daughter 90 6 may b 20e. METHOD OF DISPOSITION

Diamond 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or othwestern Cemetery Baltimore, Md. must 4 Donetton 8 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AOPRESS OF FACTURE PA 1407 Eastern funeral after death. Lau Baltimore, Md. 21221 the medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arreat, 3 ahock, or heart fellure. List only one cause on each line. 6 **IMMEDIATE CAUSE (Fine)** event, the disease or condition completely Septic Shock resulting in death) executed within DUE TO (OR AS A CONSEQUENCE OF):
Right Cerebral Vascular Accident prior to burial, traumatic and CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): attending physician au ental Hygiene prior to b if any, leading to immediata cause. Enter UNDERLYING certificate be Hypercapneic Respiratory Failure CAUSE (Disease or Injury that initiated events other QUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST Renal Failure Possibly Secondary to Rhabdomyolosis 0 the death signed by the atte Injury. PART il. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL ЭПУ Atrial Fibrillation 1 - YES 2 X NO shows been : PHYSICIAN: ME has be 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) PHYSICIAN: The r this certificate hi Hem EXAMINER? HOSPITAL:
1 (\(\hat{\text{Inpatient}}\) 2 \(\Delta\) ER/Outpatient 3 \(\Delta\) DOA OTHER: 4 Nursing Home 8 Residence 8 Other (Specify) 0 27. MANNER OF OEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending M 1 YES 2 NO After the BY L OR ATTENDING P L DIRECTOR: After 1 hours after death 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 09 3 Sulcide ETED 6 Could not be 4 Homicide 200 determined

29a. CERTIFIER

(Chack note: 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as attended. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M. McNair, M.D. Obie

a

9000 Franklin Sq. Dr., 21237

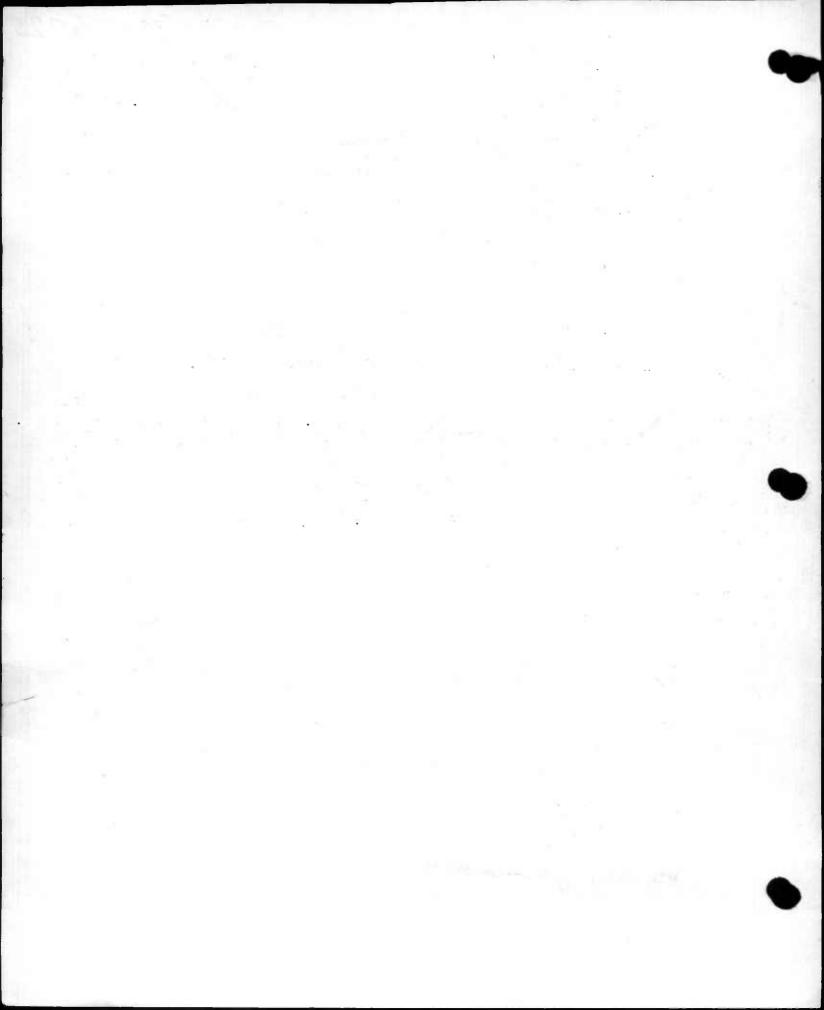
31. DATE FILMARTO DAY

1990

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With the Edward St.

	Sm. Th	(First, Middle, Last)	9	Tabe	C	S		2. DATE OF DEATH	AY	MEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY N 212 - 32		5. SEX		rrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6	Country	PLACE (State or Fore) Carolin
	ga. FACILITY NAME (III		1	5.5	1110.	9b. CITY, TOWN	OR LOCATION OF D	12-15-3		NTY OF DE	
TOR	5716 Bla		ı e	resi	dence	Balti	nore		I	Mary	land
DIRECTOR	10a. STATE	10b. COUNT	Υ			TOWN DR LOCA					10d. INSIDE CITY LIMITS?
	MD 100. STREET AND NUM	BER				Baltin	NOTE		10a. CITI		1 X YES 2 N
FUNERAL	5716 B	land Av	renue				2121	5		US.	
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2x NO	If yes, s		NIC ORIGIN? (Specify Yean, Puerto Rican, atc.) fy:	s or No-	14. RACE Black, Specify	- American Indian, White, etc.
ETED		DECEDENT'S EDU ly only highest grade ary (0-12)			Se. DECEDENT'S U (Give kind of w life. Do NOT use	ork done during m		16b. KIND OF BU	SINESS/INC	DUSTRY	
COMPL	OF CATHERING ALLES	and Address to the									
E CO	17. FATHER'S NAME (Fig.	ah Smit	:h					AME (First, Middle, Melder tie Lee S		1	
O BE	19a, INFORMANT'S NAM		/ 1.1		19b. MAILING	ADDRESS (Street		Route Number, City or Tox			
F		hy Smit	ch		5716	Bland	d Avenu	e Balto.	, Mc	d 2	1215
	20a. METHOD OF DISPO 1 好 Burlel 2 □ Cres	mation 3 🗆 Ren	noval from Stata	20b. P	ther place)		emetery, cremetory or			City or Tow	
	4 Donation 5 C		CENSEE	-	We		Star C	emetery	Cato	onsv	ille,MI
	N.		1	41	1	Leroj	7 O. Dy	ett & Sor			
		MUN F	プ. シン(J)	11/1/							
1	ahock, I	or heart failure.	Complications the	at caused to	death. Do no	ot anter the m	Libert;	y Heights ch as cardiac Dr resp	S AV6	enue rest,	21207 Approximate Interval Better Onset and I
IFICATION	ahock,	onditions, needlete SELYING	a. Custonly only care a. Custonly only care b. Custonly only care c. Your	to As A of Oran As A country	Mysequence of	Ca Dishie	Libert; oda of dying, su	y Heights ch as cardiac or resp	S AVe	enue rest,	Approximat
ERTIFICATION	ahock, i IMMEDIATE CAUSE disease or conditio reaulting in death) Sequentially list co If any, leading to ia cause. Enter UNDE CAUSE (Disease or	or heart failure.	a. Custonly only care a. Custonly only care b. Custonly only care c. Your	to As A of Oran As A country	MYSEQUENCE DE	Ca Dishie	oda of dying, su	y Heights ch as cardlec or resp	S AVE	enue rest,	Approximat
L CERTIFICATION	ahock, i iMMEDIATE CAUSE disease or conditio reaulting in death) Sequentially list co if any, leading to in cause. Enter UNDE CAUSE (Disease or that iniliated events reaulting in death)	or heart failure.	a. Que to b. Que to Due to d.	O (OR AS A CO	MANUTE OF	ot anter the m	ode of dying, su	dume	iratory an	rest,	Approximat Interval Bet Onset and
4	ahock, i IMMEDIATE CAUSE disease or conditio reaulting in death) Sequentially list co if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events reaulting in death) PART II. Other sign	onditions, namediate RLYING LAST	a. Que to b. Que to Due to d.	O (OR AS A CO	MANUTE OF	ot anter the m	ode of dying, su	y Heights ch as cardiac or resp APPROV	Portugues and Po	246.	Approximatinterval Bet Onset and I
4	ahock, in MAEDIATE CAUSE disease or condition reaulting in death) Sequentially list confirm any, leading to incause. Enter UNDE CAUSE (Disease or that initiated events reaulting in death) PART II. Other sign Ont	on heart sallure.	a. Cus DUE TO c. DUE TO d. Syntha	O (OR AS A CO	MANUTE OF	ot anter the m Gi): Dishie):	ode of dying, su	APPROV	Portugues and Po	246.	Approximate Interval Bet Onset and I
4	ahock, in Media and a second to reaulting in death) Sequentially list confirmed and and and and and and and and and an	onditions, and allure.	a. July DUE TO C. July DUE TO d. July HOSPITAL: 1 1 1 Inpatient 2	O (OR AS A CO)	MARGUENCE OF MONSEOUENCE OF not resulting in	ot anter the m (L)):): n the underlyle 26. F OTHER: 4 Nursing Ho	ng cause given in	Part I. 24e.	Address and the second	24b.	Approximate interval Bett Onset and I
PHYSICIAN: MEDICAL	ahock, i IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list condition if any, leading to in cause. Enter UNDE CAUSE (Disease or that inilisted event resulting in death) PART II. Other sign Ont	onditions, namediate RLYING LAST Inflicant conditions to the condition of	a. DUE TO b. CM DUE TO c. DUE TO d. Synth HOSPITAL: 1 1 Inpetion: 2	O (OR AS A COUNTY OF MALE)	Mysequence of the consequence of	Ot anter the m	ng cause given in	Part I. 24e. AIPPROViteck only one) 6 □ Other (Specify) 26d. DE\$CRIBE HOW	INJURY OC	24b.	WERE AUTOPSY FINI ANAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? YES 2 NO
BY PHYSICIAN: MEDICAL	ahock, in the manufacture of the	onditions, and allure.	a. DUE TO b. DUE TO c. DUE TO d. DUE	O (OR AS A CO) O (OR	MATERIAL DOA 20b. TIME INJ.	OTHER: 4 □ Nursing Ho HIPY M 1 □	ng cause given in	Part I. 24e.	INJURY OC ell j	24b.	WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? YES 2 NO
TED BY PHYSICIAN: MEDICAL	ahock, in Medical Cause disease or condition resulting in death) Sequentially list configure in the course. Enter UNDE CAUSE (Disease or that inilisted event resulting in death) PART II. Other sign of the course of the course. Example 1	onditions, namediate RLYING LAST Inflicant conditions of the condi	a. DUE TO b. DUE TO c. DUE TO d. DUE	O (OR AS A CO) O (OR	MATERIAL DOA 20b. TIME INJ.	ot anter the m Ci): Dividu): 1 the underlyle 26. F OTHER: W URY M 1 dreet, factory, offi	ng cause given in	Part I. 24a. TRPROV	INJURY OC ell i	24b.	WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? YES 2 NO TUBE TO THE COMPLETION OF CA OF DEATH?
TED BY PHYSICIAN: MEDICAL	ahock, IMMEDIATE CAUSE disease or condition reaulting in death) Sequentially list confirmation in the sequential sequent	principle of the property of t	a. DUE TO b. DUE TO c. DUE TO d. DUE TO d. HOSPITAL: 1 Propertion 2 26e. PLACE obuilding	O (OR AS A CO) O (OR	INSEQUENCE OF ONSEQUENCE OF ON	ot anter the m At Difference of the control of th	ng cause given in	Part I. 24a. TPPROV. heck only one) 6 Other (Specify) 26d. DESCRIBE HOW SUBject LOCATION (Street City or Town, State)	INJURY OCCELL is and Number in ue, Fanner as ata	24b. Or a counsed in back or or Aural A Baltisted.	WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? YES 2 NO T tub Oute Number. MOTE Cit
COMPLETED BY PHYSICIAN: MEDICAL	ahock, IMMEDIATE CAUSE disease or condition reaulting in death) Sequentially list confirmation in the sequential sequent	onditions, namediate RLYING Injury LAST Inflicant conditions in Medical Central Inflicant Condition Inflicant Condition Inflicant Condition Inflicant Condition Inflicant Condition Inflicant Central Inflicant Condition Inflicant Central Inflicant	a. DUE TO b. OWE TO c. DUE TO d. DUE TO DUE	O (OR AS A CO) O (OR	INSEQUENCE OF ONSEQUENCE OF ON	ot anter the m At Difference of the control of th	ng cause given in	The Part I. 24a. The AIPPROVIDE AND SUBJECT SU	INJURY OC ell jand Numbe, nue, Fanner aa ata	24b. 24b. 24b. 24c. 24b. 24b. 24b. 24b. 24c. 24b. 24c. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? YES 2 NO T UNI T	
TED BY PHYSICIAN: MEDICAL	ahock, I IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list confirmed in the course. Enter UNDE CAUSE (Disease or that inilitated event resulting in death) PART II. Other sign 25. WAS CASE REFERE EXAMPER? 1 VYES 2 NE 27. MANNER OF DEATH 1 Nature: 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one)	onditions, namediate RLYING Injury LAST Ifficant condition Ifficant condition Could not be determined CERTIFYING PHYS MEDICAL EXAMIN	a. JUN DUE TO LONG TO	O (OR AS A CO) O (OR	INTERPLENCE OF CONSEQUENCE OF CONSEQ	ot anter the m Ci): Dishie 26. F OTHER: 4 Nursing Ho E OF 26c. IN WH M 1 Itreet, factory, offi	The second of t	Part I. 24a. TPPROV. Peck only one) 26d. DESCRIBE HOW SUBJECT	INJURY OC ell jand Numbe, nue, Fanner aa ata	24b. 24b. 24b. 24c. 24b. 24b. 24b. 24b. 24c. 24b. 24c. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? T tub COUNTY TUBE T tub COUNTY TUBE T tub COUNTY TUBE T tub T t	



DHMH-18 Rev 1/89

in number or attending physician.

MARYLAND 21203-3146

orm.		must
ENAL DIRECTOR, Alter the certificate has been signed by the authority physician and compressly mean in by the langual physician,		T. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
מונית מווית	in 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	medical
y IIII	ation.	the
HIPPORT	, crem	event,
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FRANK	ist)	e SUNI	KA			2	2. DATE OF DEAT	DAY	YEAR 3.	10.05 M
4. SOCIAL SECURITY NUMBER 218-30-8340	5. SEX 1X M 2 F	6. AGE (In yrs. la 56		IF UNDER 1 YE		24 HRS. 7	7. DATE OF BIRTH (Month, Day, Yes) 7-21-	ar)	8. BIRTHPL Country)	ACE (State or Foreign
90. FACILITY NAME (If not institution, gi									· B.	County
10e. STATE 10b. COU	INTY		10c. CIT	Y, TOWN OR LO	DEATION					Dd. INSIDE CITY LIMITS? YES 2 NO
10e. STREET AND NUMBER 10I. ZIP CODE 10g. CITIZEN OF TU. S. A							AT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	NT EVER IN U.S. AI 1 YES 2 WAR OR DATES		If yes		n, Mexican,	ORIGIN? (Speci Puerto Rican, ato	y Yee or No	14. RACE	American Indian, White, etc.	
15. DECEDENT'S E (Specify only highest gi	((USUAL OCCUI work done during se retired.)	PATION g most of working	g	16b. KINO O	F BUSINESS/IND			
17. FATHER'S NAME (First, Middle, Last)					18. MOTH	IER'S NAME	E (First, Middle, M	alden Surname)		
P CAROL SONKA BROWN (daughter) 10b. Mailing Address (Street and Number or Rural Route Number, City or 1014 Johnsville Rd., Eldersbu										84
20a. METHOD OF DISPOSITION 1		20b. PLACE other p		SITION (Name o	of cemetery, crem	natory or	20	c. LOCATION —	City or Town	, State
21. SIGNATURE OF THE L. SERVICE	Male	36	790	7	TE ANA		BAORD,	BALTO.	, MD.	21201
IMMEDIATE CAUSE (Final	re. List only one ca	at caused tha d use on each lin	eath. Do r	not anter the	mode of dyl	ng, such	as cardiac or	respiratory arr	eat,	
	a. NEOP OUE TO	LASM OF COMMENT OF AS A COMMENT OF COMMENT O	N THI EQUENCE OF	E LEF	r teme	POROI		AL ARF		Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. NEOPOUE TO b. LEFT OUE TO C. DUE TO	LASM OF OF AS A CONSE	N THI EQUENCE OF	E LEFT fi: PNEC	T TEMP	POROI A ANI	PARIET D ABSC	AL ARF	24b. W	Interval Between Onset and Deatl
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. NEOP OUE TO DUE TO d. DUE TO d. HOSPITAL:	LASM OF OF AS A CONSE	N THI EQUENCE OF THE COURSE OF	E LEFT G PNEU F): In the under	T TEMP	POROI A ANI	PARIET D ABSC	AL ARF	24b. W	Interval Between Onset and Death Onset and Dea
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are significant conditions. If yes 2 NO 27. MANNER OF OEATH Natural 5 Pending Investigations.	a. NEOPOUE TO b. LETT b. LETT d. HOSPITAL: 1 Place 28e. DATE O (Month, on 28e. PLACE	D (OR AS A CONSE	TITING TOTAL T	E LEFT F): C PNE F): In the under 2 OTHER: 4 Nursing 1 1	T TEME JMONIA flying cause g te. PLACE OF 01 Home 5 Re to injury AT WORK? YES 2	POROF A ANI Separate of the control	PARIET DABSC art I. 24a, We pe 1 y y y y y y y y y y y y y y y y y y	AI, ARF	24b. W	Interval Between Onset and Death Dea
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are understanding in death. Conditions are understanding in the conditions are understanding in	a. NEOPOUE TO b. LETT b. LETT d. DUE TO d. LIPTT d. LIPTT d. LIPTT DUE TO c. DUE TO d. LIPTT DUE TO D (OR AS A CONSE O (OR AS A C	TITING THE COURTE OF THE COURT	E LEFT F): C PNEU F): In the under OTHER: 4 Nursing IE OF 28c JURY M 1 attract, factory,	T TEME JMONIA Tyling cause g S. PLACE OF OI Home 5 Re S. INJURY AT WORK? YES 2 office	POROF A ANI given in Properties of the Propertie	PARIET D ABSC art I. 24a, We pe 1 y y y y y y y y y y y y y y y y y y	AI, ARF	24b. W A C C O O 1	Interval Between Onset and Death Dea	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and investigations are successed in the conditions of the cause in the	a. NEOPOUE TO b. LEFT OUE TO c. DUE TO d. tiona contributing to tiona contributing to 28e. DATE O (Month, on 28e. PLACE be duliding thysician: To the best of	D (OR AS A CONSE D (OR	TITING TOTAL T	E LEFT F): C PNET F): In the under OTHER: 4 Nursing RE OF 28c JURY M 1 attract, factory,	T TEME JMONIA flying cause g is. PLACE OF 0 Home 5 Re . INJURY AT WORK? YES 2 office	POROF A NI given in Properties EATH (Check Seldence 8	PARIET DABSC art I. 24a. We pe 1 y y y y y y y y y y y y y y y y y y	AI. ARF ESS. SAN AUTOPSY REFORMED? ES 2 M NO Troot and Number State) d menner as state	24b. W A C C O O 1	Interval Between Onset and Death Onset and Death Person of Cause F DEATH? YES 2 NO

-45

MARYLAND 21203-3146

BALTIMORE,

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9	P	50	E E
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 noun	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or i	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the me
thin	etely	тар	11, 1
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exec	an Me	Ø O	mat
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2	2	8	3

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 STATE	STATE OF M				HEALTH AND	MENTAL		E	0	00027
-	REGISTRAR			CERTIF	CATE OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O		Y YE	3. 1	TIME OF OEATH
	ROBERT	R			SHAW	,	3	4	9		M
	4. SOCIAL SECURITY NUMBER 2.3.0 = 3.4. 4.2.9.5	5. SEX 1	6. AGE (In yrs	: last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE O (Month, 10/	F BIRTH Day, Year) 20/2		Sountry) VA.	CE (State or Foreign
E I	90. FACILITY NAME (If not institution, give st. 719 NEW PITTSB			OR LOCATION OF D			9c. COUNTY	OF DEATH	1		
6	RESIDENCE OF DECEDENT									-	
DIRECTOR	MD 10a. STATE 10b. COUNTY				$RNER$ $^{m{r}}S$	STATION	O N			1000	I. INSIDE CITY LIMITS? YES 2 1 NO
FUNERAL	100. STREET AND NUMBER 719 NEW PITTS!		10	21222			10g. CITIZEN OF WNAT COUNTRY? USA				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	. ARMED	if yes, s	CENDENT OF NISPA pecify Cuban, Maxic \$7200 NO Speci	en, Puerto Ri				American Indian, hita, atc. BLACK		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondery (0-12)	CATION completed) College (1-4 or 5 +			USUAL OCCUPAT vork done during m e retired.)		16b. (KIND OF BUS	SINESS/INDUST	RY	
J P		TRUCK	DRIVE	R		DISAL	BLED				
Š	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S N.	AME (First, Mi	iddle, Maiden	Surname)				
BE (RICHARD			BESS	SIE			Α.	BOYD		
10	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street	and Number or Rural	Route Numbe	er, City or Tow	n, State, Zip Coo	de)	
F	JANNIE MAE	E HODGI	ES	719	NEW PI	TTSBURG	AVE	· /BAI	STO. A	1D 2	1222
	20a. METHOD OF DISPOSITION \$\mathcal{III} \mathcal{III} \mathcal{IIII} \mathcal{III} \	oval from State	oth	er place)		emetery, crematory or $EST\ VET$			CATION — City		
	21. SIGNATURE OF FUNERAL SERVICE LIC	eliro,	N		WM.C. MARCH F.H. !!)! E. N						
	23. PART I. Enter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Finel	omplications that List only one cau	t ceused the se on each	e deeth. Do r						,	Approximate interval Between Onset and Death
	disease or condition resulting in death)	DUE TO	OR AS A COL	NSEQUENCE OF	Languer Acourann						1000
TION	Sequentielly list conditions, if sny, leading to immediate	DUE TO	(OR AS A CO	NSEOUENCE OI							
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disesse or injury that initiated events	DUE TO	(OR AS A CO	NSEQUENCE OF							
EH	resulting in desth) LAST	d									
. 1	PART II. Other significant condition	a contributing to	deeth but n	ot reaulting	in the underlyi	ng ceuse given i		24a. WAS AN PERFOR	RMED?	AW	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN: MEDICAL					_		`	1[YES 2 NO		
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			_	PLACE OF DEATH (C	Check only one)			
is	1 Tes 2 KNO	1 Inpatient 2	ER/Outpatler	nt 3 🗆 DOA	OTHER: 4 Nursing Ho	me 5 Residence	6 🗆 Other	(Specify)			
ВУ РН						AJURY AT PORK? YES 2 NO	28d, DES	CRIBE NOW	NJURY OCCUR	ED	
_	3 Suicide 6 Could not be 4 Homicida detarmined	26e. PLACE 0 building,	F INJURY — J atc. (Specify)	At home, farm,	street, factory, off	lca		TION (Street or Town, State)	and Number or	Rural Route	Number,
COMPLETED	29a. CERTIFIER (Check only one) CERTIFVING PNYSI	CIAN: To the best of R: On the basis of a								auee(a) an	d manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	am, Er				29c. LICENSE N	UMBER		29d. DATE SI	1 1	onth, Day, Year) 9.0
٩	30. NAME AND ADDRESS OF PERSON WH		(Type, Print) EVA# Billy MO 217								

MARYLAND 21203-3146

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGIST
1. DECEDENT
CHRI

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.).	
	1. DECEDENT'S NAME (First, Middle, Last)		3. TIME OF DEATH
	CHRISTINE ELIZABETH STUBBS 3-4	- 90	600 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH	8	BIRTHPLACE (State or Foreign
	209-26-7713 1 M 2 F 80 YRS. MONTHS DAYS HOURS MIN. 3/16/09		Virginia
	9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH	9c. COUNT	Y OF DEATH
DIRECTOR	Baltimore County Gen. Hosp. Randallstown	Balt	imore
EC	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY
			1 YES 2 NO
AL	₹ 10a. STREET AND NUMBER 101. ZIP CODE	10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	7200 third Ave. 21784		.S.A.
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Y 1 Never Merried 2 Merried 2 Merried 10. West 2 NO 11. Was DECEDENT OF HISPANIC ORIGIN? (Specify Y 11. MARITAL STATUS 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Y 14. Was DECEDENT EVER IN U.S. ARMED 15. Was DECEDENT OF HISPANIC ORIGIN? (Specify Y 16. Was DECEDENT OF HISPANIC ORIGIN? (Specify Y 17. Was DECEDENT OF HISPANIC ORIGIN? (Specify Y 18. Was DECEDENT OF HISPANIC ORIGIN? (Specify Y 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Y 19. Was DECEDENT OF HISPANIC ORIGIN? (Specify Y 11. Was DECEDENT OF HISPANIC ORIGIN? (Specify Y 11. Was DECEDENT OF HISPANIC ORIGIN? (Specify Y 11. Was DECEDENT OF HISPANIC ORIGIN? (Specify Y 18. Was DECEDENT OF HISPANIC ORIGIN? (Specify Y 19. Was DECED	es or No — 14	4. RACE — American Indian, Black, White, etc.
ВУ	3 Widowed 4 □ Divorced IF YES, GIVE WAR OR DATES 1 □ YES 2 → NO Specify:		Specify: White
0	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	JSINESS/INDUS	
	Elementary/Secondary (0-12) College (1-4 or 5+)		
MPI	1 Yr. Homemaker		
COMPLETED		n Sumame)	
BE		Photo Vio C	ovel .
2	James M. Stubbs 444 Ferry Point Rd. Annapolis		21401
	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cametery, crematory or other place) 20c. L	OCATION — CH	ty or Town, Stats
	4 Donation 5 Other (Specify) Christ Church Cemetery Mi	ddlese	x, Virginia
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Hubbard Funeral Home,	Inc	
	4107 Wilkens Ave. Bal		, Md. 21229
	23 MAT. Enter the diseases, complications that caused the death. Do not enter the mode of dying, such as cardiac or rea		st, Approximete
-	shock, or heart fature. List only one cause on each line. IMMEDIATE CAUSE (Final		Interval Between Onset and Death
	disease or condition Preumonia		
	TRIE TO (OR AS A CONSEQUENCE OF)		
NO.	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	- 10	eent
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING		
임	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):		
H	reaulting in death) LAST		
		N AUTOPSY	24b. WERE AUTOPSY FINDINGS
DICAL	PERF	ORMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDI	1 TE8	2 PNO	OF DEATH?
Σ			1 TYES 2 NO
AN	Z 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one)		
PHYSICIAN: ME	EXAMINER? HOSPITAL: OTHER: OTHER		
H	1 Sinpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. OESCRIBE HOV	INJURY OCCU	IREO
) BY		t and Number o	r Rural Route Number,
COMPLETED	4 Homicide determined building, stc. (Specify)	6)	
PLE	29s. CERTIFIER (Check only (Check only 1) CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time, date and place, and dus to the cause(s) and my knowledge, death occurred at the time, date and place, and dus to the cause(s) and my knowledge, death occurred at the time, date and place, and dus to the cause(s) and my knowledge, death occurred at the time, date and place, and dus to the cause(s) and my knowledge, death occurred at the time, date and place, and dus to the cause(s) and my knowledge, death occurred at the time, date and place, and dus to the cause(s) and my knowledge, death occurred at the time, date and place, and dus to the cause(s) and my knowledge, death occurred at the time, date and place, and dus to the cause(s) and my knowledge, death occurred at the time, date and place, and dus to the cause(s) and my knowledge, death occurred at the time, date and place at the time, date at t	enner as stated	ı.
O	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place,	and due to the	cause(s) and manner as stated.
BE C		29d. DATE	SIGNED (Month, Day, Year)
70		3	14/90
	Siekism One and Balting Country Grand Hospital Rans	dallston	. MD 21133
	31. DATE FILEO (MORTH, Day, Your) MAR 07 1990 gulia Devidor Rondelle		

6 may be retained by the hospital or attending physician.

Control page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DRE, MARYLAND 21203-3146

must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours from the transfer of the trends of the transfer of the transfe

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR CERTIFICATE OF DEATH	REG. NO.
	1. OECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH
	Hargaret Shipley	MONTH 2 - 27 - 90 7574 M
	4. SOCIAL SECURITY NUMBER 5. SEX 6, AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. OATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year)
	217-20-8026 1 M 2 1 6/ YRS. MOTTINS DATS MOTES WITH	1-9-29 MD
	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DE	ATH 9c. COUNTY OF DEATH
DIRECTOR	Francis Scott Key Balto	city
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY
IR	MD. Baltimore	LIMITS?
	10e. STREET AND NUMBER	10g. CITIZEN OF WHAT COUNTRY?
FUNERAL	5234 Denmore AVE 21215	The Taylor Congress
N	11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED 13. WAS DECENDENT OF HISPAN	IIC ORIGIN? (Specify Yes or No. 14. RACE - American Indian.
	1 Never Merried 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Mexice	
ВУ	3 Widowed 4 Divorced	1 3
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	18b. KIND OF BUSINESS/INDUSTRY
	Elementery/Secondary (0-12) College (1-4 or 5 +)	
MP	Domestic	
		ME (First, Middle, Malden Surname)
BE	CARCOLL SMITH	cr smith
2	19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural I	0.11
	200_METNOD OF DISPOSITION 200_DETNOD OF DISPOSITION 200_DETNOD OF DISPOSITION (Name of cametory, cremetory or	AUC BAITO, MD. 21215
	1 ■ Buriel 2 □ Cremetion 3 □ Removal from State other place)	20c. LOCATION — City or Town, State
	4 Donellon 5 Other (Specify) CSTC-PN STF	4 /4
		1206 W. North Ave
		OWN COMMUNITY F.H.
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, euc ahock, or heert feilure. Liet only one ceuee on each line.	h as cardiac or respiratory arreat, Approximata Interval Between
	IMMEDIATE CAUSE (Finel	Onset and Death
	resulting in death) - a. Multion Gan system tailule	(VK
	OUE TO (OR AS A CONSEQUENCE OF):	2 days
ON	Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF):	un terror Pois a to
CERTIFICATION	If any, leeding to immediate	cu, end hospe
잂	CAUSE (Disease or injury that initiated events	1 1
E	resulting in death) LAST COMPORTION HEAVY FROM THE PROPERTY OF	atom tacke 2 days
PHYSICIAN: MEDICAL	PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in	PERFORMED? AVAILABLE PRIOR TO
5		1 YES 2 NO COMPLETION OF CAUSE OF DEATH?
Σ	tepatition Hypoxu brain upin	1 YES 2 NO
Ž	NTDDW HTM	
0	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (CH	eck only one)
łYS	1 VES 2 NO 1 Nome to Residence 27. MANNER OF DEATN 280. DATE OF INJURY 280. TIME OF 28c. INJURY AT	8 Other (Specify) 28d. OESCRIBE NOW INJURY OCCUREO
급	1 Neturel 5 Pending Month, Day, Year) 1 Neturel 5 Pending Investigation Investigation	28G. DESCRIBE NOW INJURY OCCURED
В	an a	281. LOCATION (Street and Number or Rural Route Number,
ED	3 Suicide 8 Could not be determined Suicide 8 Could not be determined	City or Town, State)
Ē	29. CERTIFIER OF OFFICE AND PROPERTY OF THE PR	
MP	(Check only 1 Q CENTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, dete end place, and dus	
COMPLETED	2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the	time, date end place, end due to the ceuse(s) end menner es stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	MBER 29d. DATE SIGNED (Month, Day, Year)
9	A. Mungen M. Steller Fr. Dig	17/ Feb, 27, 190
_	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)	IN COST DE HUNNOM
	31. OATE FILED (Month, Day, Mar) 32. REGISTRAR'S SIGNATURE	Walte J. I'M Miller I
	MAR 07 1990 Sulia Savidson-Rondalle	
	MAK U/ 1330 Yake humitan - 1	DHMH-16 Rev 1/89

9	ysician.	urial-transit permit. Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 21203-3146	go be retained by the hospital or attending p	director, when a should be detached for use as the b	remede notified at once.
BALTI	noors after death.	of in by the funeral or remove.	medical examine
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the recent of the manual physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the time dimension of the detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or mention	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner mean de notified at once.

MARYLAND 21203-3146

narked, of Nem 23 snows any injury, of other naumanc event, the moores washings merce mounted at once.	TO BE COMPLETED BY FUNERAL DIR
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumanc event, the mean	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
₹	2

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Lest	•	SCHWEITZI	TD.		2. DATE OF DEATH MONTH DAY	1990		
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	MARCH 1	8. Bil	RTNPLACE (State or Foreign	
216-05-3639	xx M 2 □ F 78	YRS.	IONTHS DAYS	HOURS MIN.	OCT. 1,19		Unitry)	
9a. FACILITY NAME (If not institution, give			b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY O	MARYLAND F DEATH	
5225 POOKS HILL	RD., APT. 515	SOUTH				MONTG	OMERY	
10a. STATE 10b. COUN	TY	10c. CITY,	TOWN OR LOCA	TION		-	10d. INSIDE CITY	
MARYLAND MC	ONTGOMERY		В	ETHESDA			LIMITS?	
10e. STREET AND NUMBER			10	H. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?	
5225 POOKS HILL	RD., APT. 515	SOUTH		20814		IISA		
11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES		13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Year	or No.— 14. R.	ACE — American Indian, lack, White, atc.	
1 Never Married 2 Married	IF YES, GIVE WAR OR D			S 2 NO Speci	en, Puerto Ricen, etc.) fy:		oechy: WHITE	
3 Widowed 4 Divorced							MUTIE	
15. DECEDENT'S ED (Specify only highest gra		16a. DECEDENT'S U (Give kind of wo	SUAL OCCUPATI rk done during m retired.)	ON ost of working	18b. KIND OF BUSI	NESS/INDUSTR	Υ	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	-50, 30,10,4				
10		OWNER				UNIFORM	A SHOP	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maiden S	Sumame)		
ABRAHAM SCHWEIT	ZER			BLU	MA UNKNOWN			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street		Route Number, City or Town			
MRS. JOYCE SOLOM	ION	908 W	KNOLL	מסקיפית הס	STLVER SP	DING 6	4D 20002	
20a. METHOD OF DISPOSITION	208	. PLACE OF DISPOSIT				ATION — City of		
1 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	other place)					20171	
21. SIGNATURE OF FUNERAL SERVICE	LIGENSEE / 100	BETH EL M		ND ADDRESS OF F		NDALLS!	LOWN, MD	
1-1-1	1/14/11.		SOL	LEVINSON	& BROS., I	NC.		
Jany 1	- / 1/4-	lew	6010	RETSTER	STOWN RD. B	ALTIMOR	PE. MD 21215	
23: PART I. Enter the diseases, o	complications that cause b. List only one cause on a	d the deeth. Do no	t enter the m	ode of dying, au	ch ea cardiac or respir	atory arrest,	Approximate	
IMMEDIATE CAUSE (Final	3. List only one cause on a	acn line.					Interval Between Onset and Death	
disease or condition	10000 0	100 110	Libo Co				Hantha	
resulting in death)	a. Large Ce	A CONSEQUENCE OF)	-41.9				11 months	
	· Bladder	0					8 years	
Sequentielly list conditions, If any, laading to immediate	-	CONSEQUENCE OF	:				9 - 2 - 2	
cause. Enter UNDERLYING								
CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS	A CONSEQUENCE OF)	:					
resulting in deeth) LAST	(a							
	, u.							
PART II. Other aignificant conditi	ons contributing to death b	out not reaulting in	the underlyle	ng ceuse givan ir	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
				_	1 _ YES 2		COMPLETION OF CAUSE OF DEATH?	
							1 TYES 2 NO	
25. WAS CASE REFERRED TO MEDICAL	T		26. F	PLACE OF DEATH (C	heck only one)			
EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Out		OTHER:	no e 🗆 Beeldenee	8 Other (Specify)			
27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME		JURY AT	28d. DESCRIBE HOW IN	JURY OCCURE)	
1 Natural 8 Pending	(Month, Day, Year)	INJU	RY W	ORK? YES 2 NO				
2 Accident Investigation 3 Suicide 8 Could not b	28e. PLACE OF INJURY	/ — At home farm st			28f. LOCATION (Street a	nd Number or Ou	real Boute Mumber	
4 Homicide 8 Could not be determined	building, etc. (Spe	city)	reat, factory, orn		City or Town, State)	no maniper or no	rar rious sumos,	
29a, CERTIFIER						=	-	
(Check only	YSICIAN: To the best of my know							
2 MEDICAL EXAMI	NER: On the basis of examination	on and/or investigation	, in my opinion,	death occured at Ih	a lime, data and place, and	d due to the cau	se(s) and manner as stated.	
29h, SIGNATURE AND TITLE OF CERTIF	IER			299 LICENSE NO	IMBER	29d. DATE SIG	NED (Month, Day, Year)	
teter Bi Sher	er mp			1 21	910	▶ 3-	1-90	
30. NAME AND ADDRESS OF PERSON	NNO COMPLETED CAUSE OF DI	EATN (ITEM 27) (Type, I	Print)		-			
Peter B. Sherer, 1	nD 3947 Fer	rara Dr.	WYE	uton, mi	20906			
MAR 07 1990	July Davidson	HELEN						
I ITIMIN OF 1000								

ARYLAND 21203-3146

BALTIMORE,

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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death	fune	ехап
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OUITS	f in b	nedi
7.4 P	fille fion,	the
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. P	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examin
urted	nial,	ic e
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2	23	喜

	REGISTRAR		C	EHILLIC	AIL	F DEATH	F	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	STERN	1				2. DATE OF MONTH	27.	YEAR	3. TIME OF DEATH
	SARA 4. SOCIAL SECURITY NUMBER		AGE (In yrs. ia	at hirthdma) III	UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF		O BIRTHR	8.45 A M
	1000		94		ONTHS DAY		(Month, Di		Country)	ARYLAND
	Sa. FACILITY NAME (If not institution, give stre	et and number)	• ,	4		N OR LOCATION OF DI	EATH		INTY OF DEA	
DIRECTOR	LEVINDALE				BAL	TIMORE				
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c. CITY, T	OWN OR LO	CATION				10d. INSIDE CITY
	MD			В	ALTIM	ORE				YES 2 NO
TAL	10e. STREET AND NUMBER		- 1 -			101. ZIP CODE		10g, CIT		AT COUNTRY?
UNEHAL	6807 PARK HEIGHT					21215			USA	
-	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2	NO NO	If yes	DECENDENT OF HISPAI , specify Cuban, Mexico	n, Puerto Rice			American Indian, While, tc.
2	3 Widowed 4 Divorced	IF TES, GIVE WAR	OR DATES		"	YES 2 NO Specif	y:		Specify	WHITE
ED	15. DECEDENT'S EDUCA (Specify only highest grade or		(0	ECEDENT'S US	k done during	ATION most of working	16b. Kil	ND OF BUSINESS/IN	DUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me	ASSTS		BUYER	H	OCHSCHILI) KOHN	.00 3.1
COMP.	17. FATHER'S NAME (First, Middle, Last)			110010	11111	_		lle, Maiden Surname)	, Itom	· u co.
BE C	LOUIS STERN					TOB				
מ	19a. INFORMANT'S NAME (Type/Print)					eet and Number or Rural			,	
	GEORGE L. STERN	<u></u>				TS. AVE.,	APT.			
	20a, METHOD OF DISPOSITION XX Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	20b. PLACE other p	OF DISPOSITION OF THE PROPERTY	Z NUS	ACH ARI		20c. LOCATION City or Town, State ROSEDALE, MD			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE						LEVINSO				03.03.5
-	23. PART I. Market the diseasee, Dr co	mplications that of	1	eeth Do oot		O REISTER				21215 Approximate
	shock or heart failure. Li	ist only one couse	on each lin	e.	ontor tire	mode of dying, sac	al cardiac	or respiratory a	ileat,	Interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	CARDIO.	PIL	MONA	84	ARREST				Cirac and Death
	resulting in death) . a.	OUE TO (OF	R AS A CONSE	QUENCE OF):		,		C - 0		
5	Sequentially ilst conditions, b.	SENIL	PE	JENJ	ıA,	MULT1-11	4FAR	I TYPE		
HILLAHON	if any, leading to immediate cause. Enter UNDERLYING	ASCV	D KA	DEMENTIA MULTI-INFARC IS A CONSEQUENCE OF): WITH HISTORY OF A. FIE					NOI	
=	that initiated events	DUE TO (OF	AS A CONSE	OUENCE OF):				OK - W	101	
CER	resulting in death) LAST	ורשותו	- 57	1 STEN	9 F	ALLURE				
1	PART ii. Other significant conditions	contributing to de	ath but not	resulting in	the under	ying cause given in	Part i. 24	a. WAS AN AUTOPSY		WERE AUTOPSY FINDINGS
3							1	PERFORMED?		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME										1 TYE8 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL									
2	EXAMINER?	HOSPITAL:	B/Outpetlant	3 🗆 DOA	THER:	B. PLACE OF DEATH (C)				
THA	27. MANNER OF DEATH	26a. DATE OF IN.	JURY	28b. TIME (OF 28c	INJURY AT	1	IBE HOW INJURY O	CCURED	
7	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	108/)	INJUR		WORK?				
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF II building, etc	NJURY — At h :. (Specify)	ome, farm, stre	et, factory,	offica		ON (Street and Numb lown, State)	er or Rural Ro	oute Number,
MPLE	29e. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my	knowledge, d	eath occurred	at the time,	date and place, end du	to the cause	e) end menner as st	ated.	
200	one) 2 MEDICAL EXAMINER	On the basis of exem	nination end/or	Investigation,	in my opinio	on, death occured at the	time, date an	d place, and due to	the cause(s)	and manner ea stated.
DE C	29b. SIGNATURE AND TITLE OF CERTIFIER	C - AS	MEND	ING &	HY510	14 29c. LICENSE NU	MOER	29d, DA	TE SIGNED ((Month, Day, Year)
2	1440	wire.					610	•	2.27	.90
	SET HTWAR, LEVI	NDALE,	2434	+W.	BELV	ERDERE	AVE	BALTIM	IORE	MI) 21215
	MAR 07 1990	12. REGISTRAN'S	SIGNATURE	22				,		

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN MONTH DAY YEAR 3. TIME OF DEATN														
	ļ	WILLIAM A. STONES									MARCH 3, 1990				M
	4. SOCIAL SECURITY NUMB		5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.				7. DATE OF E (Month, Da			8. BIRTI	HPLACE (State or Foreign ry)				
	212-36-169		1 X 2 F 53 YRS.						ON OF DE	MARCH	11,	1936	NTY OF D	MARYLAND	\dashv
E	98. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN FRANCIS SCOTT KEY									RE CITY	7	90,000	NITOPL	ZEATH	
5	RESIDENCE OF DEC	10b. COUNTY			Lan. orra	y Tours	D. 1.004							Lead Mission Clay	=
DIRECTOR	2000				10c. C11	Y, TOWN O	R LOCA							10d. INSIDE CITY LIMITS?	
	MARYLAND 100. STREET AND NUMBER	BA	LTIMORE		1		10	DUNI				10a CIT	IZEN OF	1 YES XX NO	\dashv
FUNERAL		CONDE	200							2.4	1	log. or			
N I	7122 GOUGH	STREE	12. WAS DECEDER	IT EVER IN U.S. A	RMED	13. 1	MAS DE	CENDENT C	2122 OF HISPAN	24 NIC ORIGIN? (S	pecify Yea	or No-		S.A. E – American Indian.	-
	1 Never Married 2 💢		FORCES?	MAN OR DATES	NO	I	f yes, sp		an, Maxica	in, Puerto Ricai			Spec	k, White, etc.	
BY	3 Widowed 4 Divo	rced						M.	opuo	,				WHITE	
COMPLETED	15. DEC (Specify only	EDENT'S EDU	CATION completed)	1	ECEDENT'S Give kind of v	work done d	CUPATE	ON ost of workli	ing	16b. KIN	ID OF BUS	INESS/INI	DUSTRY		
91	Elementary/Secondary (0	1-12)	College (1-4 or 5	- 4	e. Do NOT us	se retired.)									
MP	12 TH GRA		N/A		PTPE	FITT	ER	1					STE	EL SHTPYAR	D
	17. FATHER'S NAME (First, M	liddle, Last)						18. MOT	'NER'S NA	ME (First, Midd	le, Maiden :	Sumame)			
띪	WILLIAM A		JESTFER_				470			E ANN				-	-
2	19a. INFORMANT'S NAME (7									Route Number, (
	ROSE MARY 20 METHOD OF DISPOSIT		RIFER	20h BLAC	7122 E OF DISPOS					BALTI				D 21224 own, Steta	\dashv
	1 Suriet 2 Cremette 4 Donetton 5 Other	n 3 🗆 Rem	oval from State	other	olace)										_
	21. SIGNATURE OF FUNERA		CENSEE	_ LOAK_	TAWN			ND ADDRE				BALI	TMO	RE, MARYTA	ND.
		~ [20			D	UDA:	-RUCE	K FUN	NERAL H	OME C	F DU	INDAI	LK, INC.	
		pag	1.00	id	2					THE DU					_
	23. PART I. Enter the d shock, or h		List only one ce			not enter	the m	ode of dy	ing, euc	ch as cerdiac	or respi	ratory er	rest,	Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition)									sth					
	resulting in death)	g in death)								\dashv					
_	DUE TO FOR AS A CONSEQUENCE OF):														
ő	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):														
S	csuse. Enter UNDERLY	ny, leading to Immediate se. Enter UNDERLYING													
CERTIFICATION	CAUSE (Disesse or injuthat initiated events		DUE TO (OR AS A CONSEQUENCE OF):												
	resulting in death) LAS	T	· Vertriculas Arrhythmias												
	PART II. Other elepifica	ent condition	ne contribution to	death but not	meulting	In the un	dorlylr	o cours	alven in	Port I 24	- WAS AN	AUTOREV	24	b. WERE AUTOPSY FINDIN	CR.
MEDICAL	TANT II. Other eighbox	oonanio	ie continuating to	J death but not	resulting	resulting in the underlying ceuse given in Pa				Pait 1. 24	PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
										- 1	YES 2	□ NO		OF DEATH?	
			_							—				1 YES 2 NO	
AN	25 WAS CASE REFERRED T	O MEDICAL	T				28 6	ACE OF I	DEATN /C/	hack ank anal					
등 등	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one)														
PHYSICIAN:	27, MANNER OF OEATN		28e. DATE O	F INJURY	28b. TIM	RE OF	28c. IN	JURY AT	ig arouncy	28d. OESCR		NJURY OC	CUREO		\dashv
		Pending Investigation	(Month,	Day, Year)	IN.	JURY M		ORK? YES 2	□ NO						
) BY	2 Accident 3 Suicide 8				home, farm,	street, fact	ory, offi	ca					or or Rural	Route Number,	\neg
Ē	3 Suicide 8 Could not be 4 Nomicida determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Bural Route Number, City or Town, State)									City or i	OWIL, State)				
					death occurr	red at the t	ime, dat	a and place	e, and du	e to the cause(a) and mar	nner as at	ited.		
Z	29a. CERTIFIER 1 CERT	TIFYING PNYS	ICIAN: To the best of	IT ITTY KNOWledge,											- 1
MPLE	(Check only		ICIAN: To the best of ER: On the bests of		r investigatio	on, in my o	pinion,	death occu	ured at the	s time, data and	d place, an	d due to t	he cause	(a) and manner as stated	1.
COMPLETED	(Check only	ICAL EXAMINI	ER: On the basis of		or investigation	on, in my o	pinion,				d place, an				1.
BE	(Check only 1 px) CEH one) 2 MED	OF CERTIFIE	ER: On the beals of		or investigation	on, In my o	pinion,		CENSE NU		d place, and			(a) and manner as states	1.
ш	(Check only 1 px) CEH one) 2 MED	OF CERTIFIE	ER: On the beels of	examination and/o		۹.,	opinion,				d place, an				1.
BE	(Check only 1 D CEH one) 2 MED 29b. SIGNATURE AND TITUE	OF CERTIFIE	ER: On the beels of	examination and/o		۹.,	opinion,				d place, an				1.
BE	(Check only 1 D CEH one) 2 MED 29b. SIGNATURE AND TITUE	OF CERTIFIE	ER: On the beels of	USE OF DEATN (IT	EM 27) (Type	۹.,	opinion,				d place, an				1.

TO BE COMPLETED BY FUNERAL DIRECTOR

must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TIEGIOTTIAN		LITTI IO	AIL OI	DEATH	HEG. NO					
1. DECEDENT'S NAME (First, Middle, Last) Cilbert	Tay	ler ,	5R	4	3 4	9	a. TIME OF OEATH			
4. SOCIAL SECURITY NUMBER 219 03 2664	10 M 2 0 F 73	YRS. MO	UNDER 1 YEAR VTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year)	17	BIRTHPLACE (State or Foreign Country) MARY AND			
90. FACILITY NAME (If not institution, give steed SAMAR		tor 2	BAI+	MORE	EATH	9c. COUNTY	OF DEATH			
RESIDENCE OF DECEDENT										
mD 106. COUNTY		- 3	HIM SA	E			10d. INSIDE CITY LMITS? 1 YES 2 NO			
	WOOD AV		=	2/2	12	U.	N OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Nidowed 4 Divorced	12. WAS OECEOENT EVER IN U.S., FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO		ectly Cuben, Mexico	NIC ORIGIN? (Specify Ye nn, Puerto Rican, atc.) y:	e or No— 14	Black, White, etc. Specify: Black			
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed)	Give kind of work	done during mo tired.)	ON ost of working	16b. KIND OF BU	SINESS/INDUS	TRY			
17. FATHER'S NAME (First, Middle, Last)	150	000.0			AME (First, Middle, Meider	Surname)				
19a. INFORMANT'S NAME (Type/Print)	IER	19b. MAILING AD	DRESS (Street	-	Route Number, City or Tox	vn, State, Zip Co	5071 (de) 112/2			
RUTH TY/ER	lan sua	5628	5 mi	DWORK		BAN	Great, mo			
Burial 2 Cremation 3 Remo	oval from State M+	minant	URN.	CEME	TARY B.	A Him	OFE MD			
21. SIGNATURE OF RUNERAL SERVICE LIC	ENSEE		ChA	to American	PLARRIS	FH 51				
23. PART I. Enter the diseeses, or of ahock, or heart fellure.	omplications that caused the clet only one cause on each li	death, Do not ne.	enter the mo	ode of dying, suc	ch se cerdiec or reep	olratory arres	Interval Between			
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Massive OUE TO (OR AS A CONS	e b	lope	n pru	ummic	21_	2 weeks			
Sequentially list conditions,	COPD	, /	Som	Mile			Len yrs			
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	HIT	EOUENCE OF):	lym	tens	em)		fem yrs.			
that initiated events resulting in death) LAST	of the to on a cons	Denal	in	suff	icenay		fayes.			
PART II. Other significant condition	s contributing to death but no	t resulting in t	he underlyin	g ceuse given in			24b. WERE AUTOPSY FINDINGS			
			<u>. </u>		1 TYES	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL			LACE OF OEATH (C	neck only one)					
1 YES 2 NO	HOSPITAL: 1 Description: 2 ER/Outpatient		THER: Nursing Hor	ne 5 🗆 Residence	6 Other (Specify)					
27. MANNER OF OEATH 1 D Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. IN	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCU	RED			
2 Accident Investigation 3 Suicide 8 Could not be	26e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, stree			281. LOCATION (Street City or Town, State		Rural Route Number,			
4 Homicide determined			-				-			
(Check only	CIAN: To the best of my knowledge, R: On the basis of examination and/o									
29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d, DATE S	SIGNED (Month, Day, Year)			
Bankar	Banlore > 3/4/90.									
30. NAMÉ AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) A. B. A.V. DAVIA G. 3. 14										
31. DATE FILE WAR OF POUR 990	32. BEGISTRAPIS SIGNATURE	Rande 12								

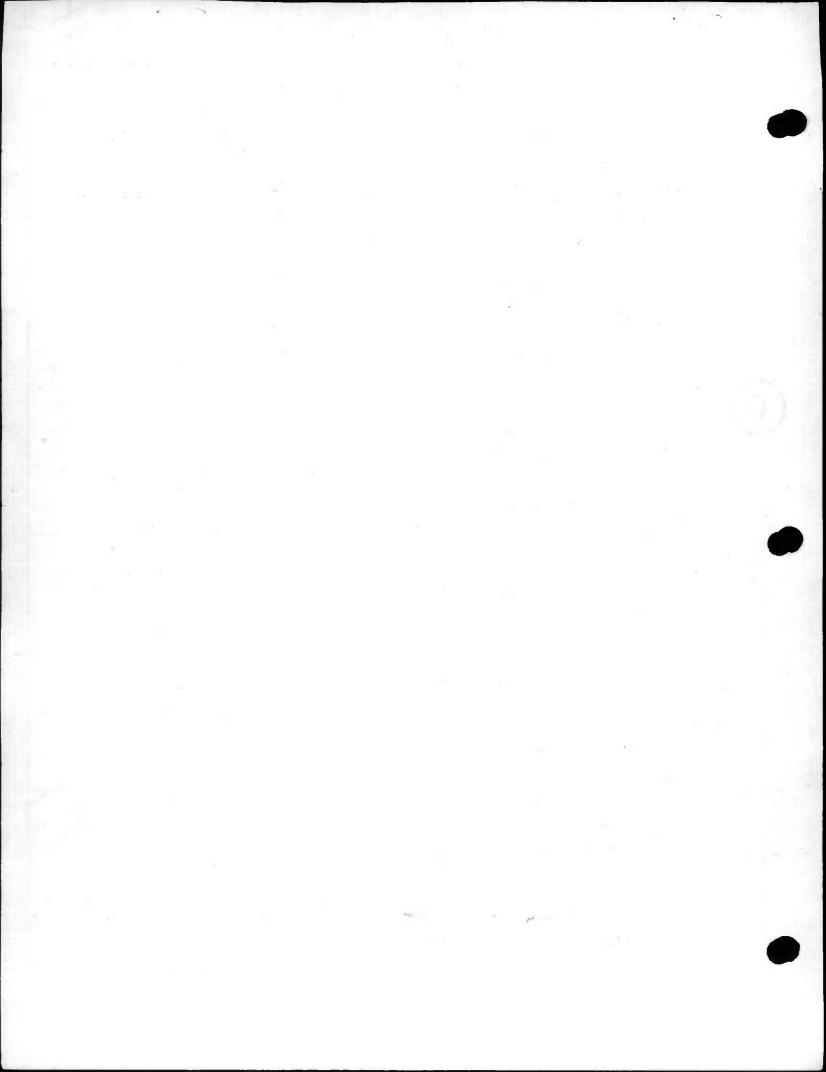
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BALTIMORE, INTER AND 21203-3146	by minimum in hospital or attending physician.	pan is contract charched for use as the burial-transit permit. Pac	be not the all once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may minimage in hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pag. 15 minutes of mached for use as the burial-transit permit. Pag. he side within 72 hours after death with the State Deni: of Health and Mental Moniete prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be named an once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CE	RTIFIC	CATE OF	DEATH	REG	NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEA	ТН	3.	TIME OF DEATH	
	JAMES		T VE			MONTH	DAY	YEAR	700 #	
			TYE			2/7/90			32A M	
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye	er)	8. BIRTNPLA Country)	CE (State or Foreign	
	9a. FACILITY NAME (If not institution, give street and			9b. CITY, TOWN OF	LOCATION OF DE			NTY OF DEAT	н	
E	PRINCE GEORGES HOSPI									
6	PRINCE GEORGES HOSPITAL CENTER CHEVERLY PRINCE GEORGES									
2	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATIO	ON			100	d. INSIDE CITY	
DIRECTOR	MD. PRINCE G	EORGES	RIV	ERDALE				11	LIMITS? YES 2 NO	
	10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF W									
A										
9	2827 RIVERDALE RD. 20737 U.S.A.									
FUNERAL	FO	S DECEDENT EVER IN U.S. ARI RCES? 1 YES 2 N			NDENT OF HISPAN			14. RACE — Black, W	American Indian, hita, etc.	
BY		YES, GIVE WAR OR DATES		1 TYES			·/	Specify:		
	3 Historia 4 Divorced			1		_		BLAC	K	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete	16a. DE:	CEDENT'S U	SUAL OCCUPATION	t of working	16b. KIND C	F BUSINESS/INC	USTRY		
<u>u</u>			Do NOT use	retired.)	•	1				
<u>a</u>										
0	17. FATNER'S NAME (First, Middle, Last)				16. MOTNER'S NA	ME (First, Middle, A	leiden Surname)			
				- 1						
BE	19e. INFORMANT'S NAME (Type/Print)	191	MAILING A	ADDRESS (Street and	et Number or Rural 6	Boute Number City	or Town Steto Zir	Code)		
2	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		a mirate in the r	too forest an	o ridribor or ridrer r	toda realiba, oxy	or rown, oldes, Es	0000)		
		1								
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from	m State other pie	OF DISPOSIT	TION (Name of come	stery, crematory or	21	oc. LOCATION —	City or Town,	Stata	
	4 □ Donation 5 N Other (Specify) in-st	ate removal	-							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	- 11 3-	6-90	22. NAME AND	ADDRESS OF FA	CILITY				
	V Tenn No. 1/	111/1/11	- /-	STATE	ANATOM	Y BOARD.	BALTO	MD.	21201	
	/ Surreun 1.1	Much								
	#3. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate Interval Between									
	disease or condition									
	resulting in deeth) e. DUE TO (OR AS A CONSEQUENCE OF):									
_ 1	and the state of t									
CERTIFICATION	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):									
A	If any, leading to immediate cause. Enter UNDERLYING	,	,							
5	CAUSE (Disease or injury 6	DUE TO (OR AS A CONSEC	DIJENCE OF							
E	that initiated events resulting in death) LAST			•						
英	d								-	
3	PART II. Other algnificent conditions conti	ributing to death but not r	eaulting in	the underlying	cause given in	Pert I. 24s. W	AS AN AUTOPSY	24b. W	FRE AUTOPSY FINDINGS	
8	PERFORMEN? AM									
EDICAL									MPLETION OF CAUSE DEATH?	
ME								1	YES 2 NO	
¥.	25. WAS CASE REFERRED TO MEDICAL			26. PL/	ACE OF DEATH (Ch	eck only one)				
S		PITAL: patient 2 - ER/Outpetient 3		OTHER: 4 - Nursing Nome	5 Residence	8 C Other (Speci	(v)			
PHYSICIAN:		8e. DATE OF INJURY	28b. TIME				HOW INJURY OC	CURED		
	1 Netural 5 Pending	(Month, Day, Year)	INJU	IRY WOF	RK? ES 2 NO					
ВУ	2 Accident Investigation	0- PLACE OF BUILDING								
0	3 Suicide 8 Could not be 4 Nomicide determined	8e. PLACE OF INJURY — At ho building, etc. (Specify)	ime, tarm, et	reet, factory, office		City or Town	Street and Numbe State)	r or Runal Rout	e Number,	
E	4 Nometon destrimed									
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSICIAN: To	o the best of my knowledge, de	ath occurred	d at the time, date	end place, end due	to the cause(e) a	nd manner as sta	ted.		
M	one) 2 MEDICAL EXAMINER: On the	ne basis of examination end/or	Investigation	ı, in my opinion, de	eth occured at the	time, date end ple	ice, and due to t	he cause(e) ar	nd manner as stated.	
8	29b. SIGNATURE AND TITLE OF CERTIFIER	111					1			
BE	298. SIGNATURE AGO TIFEE ON CENTY TO	- 12			29c. LICENSE NUI	MBER CO :	29d. DAI	E SIGNED (M	ooth, Day, Year)	
5	I may f				25/0	901		414	709	
-	36. NAME AND ADDRESS OF PERSON WHO COMP		M 27) (Type,	Print) 750	0 6-0	Surrich	Cont-	Do	#430	
	Stuart lun	-Cro/18,1	7.1.	05 -	eenb	elx 1	79- Z	079	#430	
	31. DATE FILED (Month, Day, Year)	2. REGISTRATE SIGNATURE								
	I MAR UT 1990 GULLA	widson-Nathana								



BALTIMORE, MARYLAND 21203-3146 ter death. Page 6 may be retained by the hospital the funeral director, page 5 should be detacted wal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

marking permit. Pages 1, 2, 3 should

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the half	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be not a benefit of the managing or removal.	be first within 12 hours after obain with the Sake begin, threams any injury, or other traumatic event, the medical examiner must be notified at once.
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	ires	Signe	A'S 3
	regu	neen s	Shor
	3W	as b	23
	The	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the first control of the first contro	Item
	CIAN	ertifi	6
	HYS	his c	ed.
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	NON	A. Af	8
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	TO T	E CL	E de

	FOR STATE REGISTRAR	STATE OF MA	ARYLAND / DEPAR Certif	TMENT OF H		MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	RNEST	D.	TYSON	JR .	2. DATE OF DEATH MONTH 3-1-90	Y YE	3. TIME OF DEATH 10:41AM M		
			S. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign		
	023-52-4422	1 (Am 2 F	16 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 9 - 2.7 - 7.3		Country) M.D		
	9e, FACILITY NAME (If not institution, give str		9b. CITY, TOWN	R LOCATION OF DE		9c. COUNTY OF DEATH				
8	Johns Hopkins Hospital Baltimore City									
5	RESIDENCE OF DECEDENT									
DIRECTOR	10e. STATE 10b. COUNTY			LTIMOR	10d. INSIDE CITY LIMITS?					
0	MD 100, STREET AND NUMBER		BA		ZIP CODE		40- 0/7/7/8	tres 2 □ NO		
RA	And the state of t				21202		USA			
FUNERAL	111 ALBEMARLE	12. WAS DECEDENT	EVED IN II S ADMED			IC ORIGIN? (Specify Yee				
BY FL	OF DNever Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 FYES, GIVE WAR	YES 2 NO	If yes, sp		n, Puerto Rican, etc.)	Black, White, atc. Specify: BLACK			
	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S	USUAL OCCUPATION	ON .	18b. KIND OF BUS	INESS/INDUST	rry		
Fi	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mo se retired.)	st of working					
린	9th Grade		Stude	nt						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					WE (First, Middle, Maiden S				
BE	ERNEST D. TYSO	ON_SR.			DIANE	DAVI	ENPOR	T		
10	19e. INFORMANT'S NAME (Type/Print)					Noute Number, City or Town				
-	DIANE DAVENI	PORT	111	ALBEMA	RLE ST.	/BALTIMOP	RE, M.	D 2 1202		
	20a. METHOD OF DISPOSITION TO Burlel 2 Cremetion 3 Ramo	val from Stata	20b. PLACE OF DISPO other place)					or Town, State		
	4 Donation 5 Other (Specify)	- 17	WESTERI		CEMETER		JNSVI.	LLE, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE /		22, NAME A	NO ADDRESS OF FAC	ality				
	framen 1	1	200	WM.C	. MARCH	F.H. 110	01 E.	NORTH AVE.		
-	23. PART i. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such se cardiac or respiratory strest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Approximate Interval Between Onsat and Death of head									
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF): d.									
PHYSICIAN: MEDICAL	PERFORMED? AMAILABLE PRIOR TO							COMPLETION OF CAUSE OF DEATH?		
M	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	eck only one)				
SIC	EXAMINER? 1 XXES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆 DOA	OTHER:	ne 5 🗆 Residence					
Ŧ	27. MANNER OF GEATH	28e. DATE OF H	NJURY 28b. TII	IE OF 28c. IN	JURY AT	28d. DESCRIBE HOW IN	JURY OCCUR	RED		
2 Accident 2 Accident 3 Suicide 5 Could not be determined 4 City or rown, State) 11 C Street Street Rs										
								Rural Route Number,		
								treet,Balto.MD		
COMPLE	The state of the s		ny knowledge, death occur immation and/or investigati					ause(e) end menner ae stated,		
BEC	296. SIGNATURE AND OTTLE OF CENTIMER	4/	h		29c. LICENSE NUI	ABER	29d. DATE S	IGNED (Month, Day, Year)		
108	July (1117	WIL		OCME		▶ 3	-2-90		
F	JULIA C. GOODIN			Print) 11 Penn	Street,Ba	altimore,MI	2120	1 vc		
4	MAR 07 1990	32. REGISTRAR	Devidson-Rand							

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AND 21203-3146

BALTIMORE, MARY

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 6 may be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be

	FOR 1 - STATE REGISTRAR	STATE OF MA			MENT OF HEATE OF			MENTAL HYGIEN REG. NO				
	1. DECEOENT'S NAME (First, Middle, Last)	Mae	OLIT		AIL OI	DLA		2. DATE OF DEATH			3. TIME OF DEATH	
			ן וקז	ROTTER				AY 1	90	м		
ı	4. SOCIAL SECURITY NUMBER	LIZABETH 5. SEX 6.	AGE (In yrs. last birth	AGE (In yrs. last birthday) IF UNDER 1 YE			24 HRS.	7. DATE OF BIRTN	<u></u>	8. BIRTHE	PLACE (State or Foreign	
	213-98-0106	1 □ M 2 💢 E	66 Y	RS. MO	ONTHS DAYS	HOURS	MIN.	(Month, Day, Year) 6/17/23		Country	'va l	
	9a. FACILITY NAME (If not institution, give s			91	b. CITY, TOWN O	R LOCATIO	ON OF DE		9c. COL	INTY OF DE		
<u> </u>	מבסי הוהימות במינו	. שמשחשעו	ים זו זווים זו		BALTIMORE CITY							
DIRECTOR	RESIDENCE OF DECEDENT	3523 WEST BELVEDERE AVENUE										
#									10d. INSIDE CITY LIMITS?			
- 1	MD									1 X YES 2 NO		
₹∥	3523 W. BELVEDERE AVENUE 21215 USA							HAT COUNTRY?				
FUNEHAL												
₹	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT E FORCES? 1	YES 2 V NO					IC ORIGIN? (Specify Yes, Puerto Ricen, etc.)	or No—	14. RACE Black,	- American Indian, White, atc.	
A R	3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES A		1 TYES	2 💢 NO	Specify			Specif	BLACK	
	15. DECEDENT'S EDU	CATION	16a, DECEDE	NT'S US	UAL OCCUPATIO	N	-	16b, KIND OF BU	SINESS/IN	DUSTRY		
EIED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kir	nd of work IOT use re	k done during mos	at of workin	9	0.000				
7	Lienten y Geoderically (6-12)	Jonego (1-4 0) 0 +)	HC	USE	KEEPER			DOM	ESTI(2		
COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTE	IER'S NAI	ME (First, Middle, Melden	Surname)			
ا س						BEA	TRIC	E E	VANS			
0	19a. INFORMANT'S NAME (Type/Print)		19b. MA	ILING AD	DRESS (Street a	nd Number	or Rural F	loute Number, City or Tox	n, Stete, Z	ip Code)		
=	HENRIETTA PUR	VIS	352	23 W	. BELVE	DERE	AVE	NUE/BALTI	MORE	, MD	21215	
	20a, METNOD OF DISPOSITION 1	ovel from State	20b. PLACE OF D							- City or To	· ·	
1	4 Donation 5 Other (Specify)		WESTERN	ST					ATON:	SVILL	E, MD	
	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE			22. NAME AN	O ADDRES	SS OF FAC	CILITY				
	Partia, 9	uron	1		WM.C.	MAI	RCH	F.H. 110) 1 E	. NO	RTH AVE.	
CERTIFICATION	ahock, or heert feliure. List only one ceuse on sech lina. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Lary N Cancel a. Condition S Lary N Cancel oue To (or as a consequence of): b. OUE TO (or as a consequence of): c. Due TO (or as a consequence of):							Onset and Death				
S	PART II. Other significant condition	6)> .	iath but not resul	ting in	tna undariyini	cause i	given in	PERFO	RMED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDI	MIGHTIGOR 2011	5F - 8						1 _ YES	NO		OF DEATH?	
Σ	(- 1			1 YES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL	1			26 DI	ACE OF D	EATH (Ch	ack only one)				
2	EXAMINER?	HOSPITAL:	R/Outpatient 3 🗆 n		THER:			8 Other (Specify)		_		
PHYSICIAN:	27. MANNER OF DEATH	28s. OATE OF IN	JURY 28	b. TIME (OF 28c, INJ	URY AT	Jargettod	28d. DESCRIBE NOW	INJURY O	CCUREO		
EX	2 Accident Investigation 3 Suicide 8 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office building set. (Specific) 28t. LOCATION (Street and Number or Rural Route Number, building set. (Specific)								loute Number,			
	4 Homicide determined											
	29e. CERTIFIER (Check only 1' CERTIFYING PNYS	ICIAN: To the best of m	y knowledge, death o	occurred	at the time, date	and place	, and due	to the cause(s) and me	nner as st	tated,		
COMPLE	One) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and menner se stated) and manner as stated.			
Ö	29b. SIGNATURE AND TITLE OF CERTIFIE	ER				29c. LIC	ENSE NUI	ABER	294. DA	TE SIGNED	(Mighth, Day, War)	
m	12 20ster	~ MO				D	37	498	•	3/5	790	
٩	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETEO CAUSE	LO OO N	(Type, Pr	Wal-fe	, 5	A	Baltin	nora	pa	0 21205	
	31. DATE FILES (MAR 0 7 1990	Julia Dan	S SIGNATURE	bi								

ed for use as the burial-transit permit. Pages 1, 2, 3 should

or attending physician.

4-AND 21203-3146

BALTIMORE, M.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If them 28 is marked, or frem 23 shows any Injury, or other traumatic event, the medical examiner must be me TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bun'al, cremation, or removal.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MA		ARTMEN IFICAT				IENTAL	HYGIEN REG. NO			
1. DECEDENT'S HAME (First, Middle, Last)	1	<i></i> ,					2. DATE C				3. TIME OF DEATH
Leroy Jo	DAN /	homa	5				3 MONTH	3	-9	VEAR	3 A H
	5. SEX 6. 1 12 M 2 ☐ F	AGE (In yrs. last birthde	MONTHS	DAYS	HOURS	MIN.	7. DATE O (Month,	Day, Year)	30	8. BIRTHE	LACE (State or Foreign
9a. FACILITY NAME (If not institution, give stre	et and number)		9b. CIT	Y, TOWN O	R LOCATIO	H OF DE	ATH	,	9c. COUN	TY OF DE	, , 0,
4716 ALHAME	DA FAIL	Ė	16	AIT	mor	0	Cil	(d)			
ADR. STATE 10b. COUNTY		10c.	CITY TOWN	OR LOCAT	ION		(7			tod. INSIDE CITY LIMITS?
MARULAND			SAI	lin	ore	2)					1 PES 2 NO
10a. STREST AND NUMBER	//	-+		101.	ZIP CODE	10)		10g. CITIZ	ZEH OF WI	HAT COUNTRY?
11. MARITAL STATUS											
1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, atc.) 3 Nidowed 4 Divorced FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, atc.) 1 YES 2 NO Specify:											
15. DECEDENT'S EDUCA (Specify only highest grade of	TIOH	16a. DECEDEN	T'S USUAL (,	16b.	KIHD OF BU	ISINESS/IND	USTRY	77010
Elementary/Secondary (0-12)	College (1-4 or 5 +)	TRU	T use retired.)) _K	リレム	R					
17. FATNER'S NAME (First, Middle, Last)	-				18. MOTN	ER'S HAN	AE (First, M.	iddle, Malder	Surneme)		
	101195				上上	1FL	YN	NICI	4065	ON	
MRS VONNE 1H	OMAS	9/-	ING ADDRES	SS (Street a	OL.	or Rural R	Signal Sumber	BA	vn, State, Zip	M/	21220
20s. METHOD OF DISPOSITIOH 1 Durisi 2 Cremation 3 Ramov 4 Donation 5 Other (Specify)	al from State	20b. PLACE OF DIS	POSITION (Name of cen	netery, cremi	aton or		20c, LC	CATION -	City or Tow	vn, Stata
21. SIGHATURE OF FUNERAL SERVICE LICE	NSEE	CHREA	22	. HAME AH		S OF FAC	HLITY		mic		11-10,
Joseph L.	Russ		-	1031 1225	2001	No	RUS	AUE	BAL	toit	An 21216
23. PART I. Enter the diseases, or co			o not ante	ar tha mo	de of dyli	ng, auch	lar.	ac or reap			Approximate interval Batween
iMMEDIATE CAUSE (Final disease or condition resulting in death)	Atheros	clerotic	Can	dio	rasc	ula		dis	lase	570	Onset and Death 5 years
	OUE TO (O	R AS A CONSEQUENC	E OF):		•						0
Sequentially liet conditions, b.	DUE TO (O	R AS A CONSEQUENCE	E OFI	202	2						
if any, leading to immediate cause. Enter UNDERLYING	302 10 (3	THE RESIDENCE	_ 0.7.								
CAUSE (Disease or Injury that initiated events	DUE TO (O	R AS A CONSEQUENC	E OF):								
resulting in deeth) LAST d.											
PART II. Other algnificent conditions	contributing to de	eth but not reaulti	ng In the u	underlying	g cause g	Iven In	Part i.	24a. WAS AI		24b.	WERE AUTOPSY FINDINGS
									RMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE
								1 TYES	7		OF DEATH?
							_				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DE	EATN (Che	ock only one	9)			
1 Dres 2 NO		R/Outpatient 3 🗆 DO	A 4 H	ER: ursing Hom	• 5 ☐ Re	sidenca	6 🗆 Other	(Specify)	_		
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	26a. DATE OF IH (Month, Day,	JURY 26b.	TIME OF INJURY M		URY AT RK? YES 2	NO	28d. DE\$	CRIBE NOW	INJURY OCC	CUREO	
2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicida determined	26a. PLACE OF I building, etc	HJURY At home, fac c. (Specify)	rm, straat, fa	actory, offic			28f. LOCA City o	ATION (Street or Town, State	and Number	or Rural A	oute Number,
29a, CERTIFIER											
(Check only one) 2 MEDICAL EXAMINER		y knowledge, daath oc nination and/or investi) and manner as stated.
29b. SIGNATURE AND TITLE OF GERTIFIER	n hu	ann	MI		29c. LICE	NSE NUM	IBER		29d. DAT	211	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM 27)	Type, Print)	160	W	ma	NI	arl	(DK)	Belto Md
31. DATE FIRE (1072 7990 44	A JOHN BON	- Alexander		1.00	1	111				I	
III O DOGG A											

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN REG. NO	1.3	0 06038	
	1. DECEDENT'S NAME (First Middle Last	LESTER MAY	NARD TOWN	SEND		2. DATE OF DEATH MONTH	9 0	AR 3. TIME OF DEATH M	
	4. SOCIAL SECURITY NUMBER 213-07-1795	5. SEX 8. AGE (In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	7. DATE OF BIRTH (Month, Day, Year) 11-29-191	6. BIRTHPLACE (State or Foreign Country) MARYLAND			
E O	9a. FACILITY NAME (If not institution, give FRANCIS SCOTT KI		VIER		R LOCATION OF DE		9c. COUNTY	OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUN	ТҮ	10c. CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?	
		BALTIMORE		DUNDALK				1 🗌 YES XXX NO	
FUNERAL	8111 LONGPOINT ROAD			101.	ZIP CODE 212	22	10g. CITIZEN	U.S.A.	
NO.	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER II	U.S. ARMED	If yea, apo	ENDENT OF HISPAN	IIC DRIGIN? (Specify Yen, Puerto Rican, etc.)	or No- 14.	RACE American Indian, Black, White, etc.	
B	3 Wildowed 4 Divorced	FORCES? 1 YES	ATES .	1 TES	2 XXIO Specify		Specify: WHITE		
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	History and the state of the st			N at of working	16b. KIND DF BU	SINESS/INDUST	TRY	
APLE	12TH GRADE	College (1-4 or 5 +) N/A	CHIEF OF SCHEDULIN			BETH	EHEM S	THERE	
	17. FATHER'S NAME (First, Middle, Last)		-			ME (First, Middle, Maider			
BE	CLARENCE KOONTZ "19a. INFORMANT'S NAME (Type/Print)	TOWNSEND	19b. MAILING	ADDRESS (Street a		HA A. TUC	the same of the same of the same of	de)	
일	Shirley P. WOOD		8219 E	BULLNECK	ROAD	BALTIMORE	MARYI	AND 21222	
	20c. METHOD OF DISPOSITION 20b. PLACE DF DISPOSITION (Name of comettery, crematory or office, Clare) 20c. LOCATION — City or Town, State								
	21, SIGNATURE OF FUNERAL SERVICE I		OTÉ VÍDA	22. NAME AN	D ADDRESS OF FA	CILITY			
	1571	ll		7922	WISE AV	NUE DUNDA	LK, MA	NDALK, INC. RYLAND 21222	
	23 JAni I. Enter the dieeees, or ehock, or heert fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. Sp. rat	ech line.		de of dying, suc	h ss cerdlec or reep	iratory erreat	, Approximate interval Between Onset and Deeth	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b.								
AL C	PART II. Other significent condition	ons contributing to deeth t	out not resulting l	n the underlying	cause given in	Part i. 24a. WAS A	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
PHYSICIAN: MEDIC	<u>dementia</u>					1 🗀 YES	2 🗌 NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28, PL	ACE OF DEATH (Ch	eck only one)			
HYS	1 TYES 2 NO 27. MANNER OF DEATH	1) Inpstient 2 ER/Out 28e. DATE OF INJURY	26b, TIMI	OF 26c. INJ	URY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUP	RED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ		PRK? YES 2 NO	CASA MORE DAIL			
	3 Suicide 6 Could not b 4 Homicide determined	28e, PLACE OF INJUR' building, etc. (Spe	f — At home, term, s cify)	treet, factory, offic	•	281. LOCATION (Street City or Town, State	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETED	CONSCR OTHY	SICIAN: To the beat of my know NER: On the beale of examination						ause(a) and menner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIF	& Seulu !	0		DO 4	MBER	29d. DATE S	IGNED (Month, Day, Year)	
70	30. NAME AND ADDRESS OF PERSON N	- 10	EATH (ITEM 27) (Type,	Print)		1/4		-11111	
	31. DATE FILED (Month, Day, Year) MAD 0.7 1990	32. REGISTRAR'S SIGN	ande 12			· ·			

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be comed by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.	once.
,	To B	Š	be fined within 12 hours after death with the State Dept. Or regard and well an hybere prior to be made to remain any series of the medical examiner must be notified at once.
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	REGISTRAR			LRIIF	CALE	OF	DEAL	п	Ht	G. NO.			
ŀ	1. OECEDENT'S NAME (First Middle, Last)							2	DATE OF D	DA	Y	YEAR	3. TIME OF DEATH
1	RUTH C. UREN								33	0	5 9	90	3:50 F M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In vrs.)	, ,	IF UNDER 1	YEAR DAYS	HOURS		Adonth, Day			Countral	LACE (State or Foreign
ı	211-36-8592	1 M 2 F	91	As.	MONTAS	DATS	HOURS	MIN.	9/11/	1898		Penn	sylvania
	9a. FACILITY NAME (if not institution, give street and number)					TOWN O	R LOCATIO	N OF OEAT	Н	' '	9c. COU	NTY OF OE	ATH
5	INA HOSPITAL					Baltimore							
K	RESIDENCE OF DECEDENT												
DIRECTOR	10a. STATE 10b. COUNTY			10c. CITY	Y, TOWN OR	LOCAT	ION						10d. INSIDE CITY LIMITS?
a	Maryland Bal	timore		Ca	11						1 YES 2 X NO		
7	10e. STREET AND NUMBER			-	10f. ZIP CODE				10g. CIT	IZEN OF WI	IAT COUNTRY?		
FUNERAL	211 A. Garden Ridge Road						2122	29			U.	S.A.	
3	11 MADITAL STATUS 12 WAS DECEDENT EVED IN U.S. ADMED			ARMED					ORIGIN? (Sp		or No-	14. RACE	- American Indian, White, etc.
	1 Never Married 2 Married	FORCES? 1	YES 2	NO	If yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White YES 2 NO Specify: Specify: ***						White, etc.		
B	3 🔀 Widowed 4 🗌 Divorced		WIII OII ONI EO				2/00/110	оросну.				Specify	White
COMPLETED	15. DECEDENT'S EDU			DECEDENT'S					18b. KINI	OF BUS	INESS/IN		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of v life. Do NOT us	vork done du ne retired.)	unng mos	st of working	9					
4		yrs		omema	ker								
8	17. FATHER'S NAME (First, Middle, Last)						16. MOTH	ER'S NAME	(First, Middle	. Maiden	Sumame)		
	William Chase								Hughe		11123		
BE	19a. INFORMANT'S NAME (Type/Print)		1	19b. MAILING	ADDRESS	(Street o					Ctota 7i	n Code)	
2	William Chase								llico				21043
	20a. METHOD OF DISPOSITION		205 01 40	E OF DISPOS					11160				
1	1 Surial 2 Cremation 3 Rem	oval from State	other	place)				alory or	Scranton, Pa.				
	4 Donation 5 Other (Specify)	`ENDEE	ב שun	more				S OF FACIL	anthu .	SCT	anto	n, Pa	
	21. SIGNATURE OF PUNETAE SERVICE LIC	/	11						1 Hom	e. T	nc.		
	Jula!	1	1						ve.	-		e. Md	. 21229
	23 PART I. Enter the diseases, or	complications the	t caused the	death. Do r	not enter t	he mo	de of dyin	ng, such	as cerdiec	or respi	ratory ar	reat,	Approximate
	shock, or heart affure.	List only one car	ise on each il	ne.									Interval Between Onset and Death
	immediate cause (Final disease or condition resulting in death) a. Work bolic acidesis												
ł	rasuiting in death)	DUE TO	(OR AS A CONS	SEQUENCE OF	F):	10	-						
_ 1	Without Lenis								j				
ő	Sequentially list conditions,		(OR AS A CONS		F):								+
AT	if any, leeding to immediate cause. Enter UNDERLYING	. h											
윤	CAUSE (Disease or injury that initiated events	C	(OR AS A CONS	SEQUENCE OF	F):								
토	resulting in death) LAST	-											
B		d											
EDICAL CERTIFICATION	PART ii. Other significant condition			1					ort i. 24a	. WAS AN	AUTOPSY		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
5	Minal I	brillat	ion	(+4/	WI	tun	ion	_ 10	YES 2			COMPLETION OF CAUSE OF DEATH?
	,			Į	//							- 1	1 TYES 2 NO
2									_				
¥	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DE	EATH (Chec	k only one)				
2	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER		a 5 □ Pa	eldence 6	Other (Sp	ecthr)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE O		28b. TIM	E OF	28c. INJ			28d. DESCRIE		NJURY OC	CURED	
	1 Netural 5 Pending		Day, Year)	IN.	JURY M	WO	PRK?	- 1					
B	2 Accident Investigation	28e. PLACE	OF INJURY — At	home ferm	street facto				28f. LOCATIO	N (Straot)	and Numbe	er or Aural Br	oute Number
a	3 Suicide 6 Could not be 4 Homicide determined	building	atc. (Specify)	monie, mini,	street, 18010	, y, o, no	-	- 1	City or To	wn, State)	and Ivambe	or Hararit	outs mannous,
ᆸ	An- OPERATED									-			
릴	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best o	f my knowledge,	death occurr	ed at the tir	me, date	and place,	, and due to	the cause(a) and mar	nner aa ste	sted.	
COMPLETED	2 MEDICAL EXAMINI	ER: On the basis of	examination and/	or investigation	on, in my op	olnion, d	leath occur	red at the ti	me, data and	place, an	d due to t	the cause(a)	and manner as stated.
C	29b. SIGNATURE AND TITLE OF CERTIFIE	R		10			29c. LICE	ENSE NUMB	ER		29d. DA	TE MONED	Month, Day Year)
8	Kohne 11			MD								3/	5 1917
2	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAL	ISE OF DEATH (I	TEM 27) (Type	, Print)						1	-/-	116
	7										16 1	-	
	BEHRINGER FINAL HOSPITAL BALTO												
	SEHRINGES 31. DATE FILED (Month, Day, Year)		AR'S SIGNATURI	10/	7	lt	084	111	AL	1	611	210	3
		32. REGISTR	AR'S SIGNATURI	della	7	lt	081	(1)	AZ	- 1	6 /T	210	

after death. Page 6 may be retained by the hospital or attending physician.	y the funeral unit or page at hould be detached for use as the burial-transit	noval.	cal examine much be motified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral unit or many missing be detached for use as the buriat-tran	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinal must be medical at once.

FOR 1 - STATE	STATE OF MARYL		MENT OF HEALTH AND		E	0 00040			
REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) PHYLL	IS }	CERTIFIC	VELASCO	2. DATE OF DEATH MONTH 1-23-90	Y YEAR	3. TIME OF DEATH 9:30PM M			
	5. SEX 8. AGE (i		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		ITHPLACE (State or Foreign intry)			
90. FACILITY NAME (If not institution, give stree 2000 O'Dell Avenue	et and number)	9	Baltimore C		9c. COUNTY OF	DEATH			
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY MD. 10e. STREET AND NUMBER			TOWN OR LOCATION TIMORE CITY 101, ZIP CODE		10d. INSIDE CITY LIMITS? 1 YES 2 NO F WHAT COUNTRY?				
2000 ODELL AVENUE	12. WAS DECEDENT EVER IN FORCES? 1 _ YES IF YES, GIVE WAR OR DA	2 NO							
3 Wildowed 4 Divorced 15. DECEDENT'S EDUCA (Specify only highest grade co	TION I	SUAL OCCUPATION rk done during most of working	16b. KIND OF BUS	B	LÁCK				
Elementary/Secondary (0-12) College (1-4 or 5+) Ille. Do NOT use retired.)									
19. INFORMANT'S NAME (Type/Print)	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname)								
19s. INFORMANT'S NAME (Type/Print) 19s. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c, LOCATION — City or Town, State									
1 Buriel 2 Cremation 3 Remov	estate remove	other place)			CATION — City or	Town, Stats			
21, SIGNATURE OF FUNERAL SERVICE LICE	allung 3	3-7-96	STATE ANATOMY		LTO., M	D. 21201			
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition reculting in deeth) a. Acute combined Doxepin, Cocaine and alcohol intoxication out TO (OR AS A CONSEQUENCE OF):									
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
PART II. Other significent conditions	contributing to deeth b	ut not resulting in	the underlying ceuse given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS			
				PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C	heck only one)					
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 inpetient 2 inpetient 2 in ER/Outp 28s. OATE OF INJURY 1 23 - 9 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	28b. TIME	OF 28c. INJURY AT WORK? M 1 YES 2 2 40	28d. DEŞCRIBE HOW II		drugs & alco			
Micide 8 Could not be determined	26a. PLACE OF INJURY building, etc. (Spec	offic)	eet, factory, office OME	A 7 7		, Baltimore Ci			
(Orlock Orly)			at the time, data and place, and du			se(s) and manner as stated.			
795. SIGNATURE AND TITLE OF CERTIFIE	2 m	2	29c. LICENSE NU	MBER		MED (Month, Day, Year) -24-90			
FRANK PERETTI, MD	COMPLETEO CAUSE OF DE		nn) 1 Penn Street,E	Baltimore.M	D 21201	VC			

111 Penn Street, Baltimore, MD 21201

Julia Davidson Bandalle

31. OATE FILEO (Month, Day, Year)

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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he law requires that the de	has been signed by the att	e Dept. of Health and Ment. m 23 shows any Injury,
: The law requires that the de	cate has been signed by the att	state Dept. or Health and Ment. Item 23 shows any Injury,
IAN: The law requires that the de	tificate has been signed by the att	e State Dept. of Health and Ment. or Item 23 shows any Injury,
SICIAN: The law requires that the de	certificate has been signed by the att	the State Dept. or Health and Ment. 1, or Item 23 shows any Injury,
HYSICIAN: The law requires that the de	is certificate has been signed by the att	with the State Dept. of Health and Merti- led, or Item 23 shows any Injury,
PHYSICIAN: The law requires that the de	r this certificate has been signed by the att	n with the State Dept. of Health and Ment. arked, or Item 23 shows any Injury,
NG PHYSICIAN: The law requires that the de	fter this certificate has been signed by the att	eath with the State Dept. of Health and Ment. marked, or Item 23 shows any Injury,
NDING PHYSICIAN: The law requires that the de	: After this certificate has been signed by the att	r death with the State Dept. or Heath and Ment. Is marked, or Item 23 shows any Injury,
TENDING PHYSICIAN: The law requires that the de	DR: After this certificate has been signed by the att	ifter death with the State Dept. or Health and Ment. (8 is marked, or Item 23 shows any Injury,
ATTENDING PHYSICIAN: The law requires that the de	ECTOR: After this certificate has been signed by the att	s after death with the State Dept. of Health and Ment. 1 28 is marked, or item 23 shows any injury,
OR ATTENDING PHYSICIAN: The law requires that the de	WRECTOR: After this certificate has been signed by the att	ours after death with the State Dept. of Heath and Ment. em 28 is marked, or Item 23 shows any Injury,
AL OR ATTENDING PHYSICIAN: The law requires that the de	L DIRECTOR: After this certificate has been signed by the att	2 hours after death with the State Dept. of Health and Merti. I item 28 is marked, or Item 23 shows any Injury,
1TAL OR ATTENDING PHYSICIAN: The law requires that the de	RAL DIRECTOR: After this certificate has been signed by the att	72 hours after death with the State Dept. of Health and Merti. If item 28 is marked, or Item 23 shows any Injury,
SPITAL OR ATTENDING PHYSICIAN: The law requires that the de	INERAL DIRECTOR: After this certificate has been signed by the att	thin 72 hours after death with the State Dept. of Health and Merti. If Item 28 is marked, or Item 23 shows any Injury,
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de	FUNERAL DIRECTOR: After this certificate has been signed by the att	within 72 hours after death with the State Dept. or Health and Merit. TANT: If item 28 is marked, or Item 23 shows any Injury,
HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de	HE FUNERAL DIRECTOR: After this certificate has been signed by the att	led within 72 hours after death with the State Dept. of Health and Mertit ORTANT: If item 28 is marked, or Item 23 shows any Injury,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Plays 6 may be writined by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by tige funer, one car file to the property of the propert	be filed within 72 hours after death with the State Dept. of Ream and Mental rightene prior to buria, cremator, or enroys. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examinational propriet at a

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

•	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME CERTIFICA			MENTAL	HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	E, BEA	IJA MI	N		2. DATE O MONTH	DF DEATH	ž7 ž	3. T	738 M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1 A 2 F 98. FACILITY NAME (If not institution, give street and number) 99. COUNTY OF DEATH 1. SOCIAL SECURITY NUMBER 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH									/
DIRECTOR	RESIDENCE OF DECEDENT HOS. STATE HOS. STATE HOS. COUNTY	2/2	10c. CITY, TOV	WN OR LOCATION	re	00	119		10	. INSIDE CITY LIMITS? LYES 2 \(\square\) NO
FUNERAL	169. STREET AND NUMBER 4508 DUNIAN AUC, AT. E. 101. ZIP CODE 109. CITIZEN OF WHAT 2/29 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 PNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — A Bleck, Wh							American Indian.		
ED BY	3 Widowed 4 Divorced	15. DECEDENT'S EDUCATION 168. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INOUSTRY								eK.
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Give kind of work of life. Do NOT use retir	il To						
u a	17. FATHER'S NAME (First, Middle, Last) BON 1990. INFORMANT'S NAME (Type/Print)	Jone	3 19b. MAILING ADD	RESS (Street or	16. MOTHER'S NA	ME (First, M Poute Numb	the h	Surname)	D4/	ke
O	Mr Jos 90 h Var		6309	mone	KA P	900 1900	BALL	J.m	y or Town,	1207 State
	1 Buriel 2 Cremetton 3 Removel from State 4 Donetton S Other (Specify) World / AW COM BATTO (World) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY 24. NAME AND ADDRESS OF FACILITY 25. NAME AND ADDRESS OF FACILITY 26. NAME AND ADDRESS OF FACILITY 27. NAME AND ADDRESS OF FACILITY 28. NAME AND ADDRESS OF FACILITY 29. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE							tone		
ē.	23. PART I. Enter the diseases, or conshock, or heart failure. I	pmplications that cause	d the death. Do not e	999:	a of dying, suc	oz7	liac or reap	ratory arres	17/7 t,	Approximate intervel Between
	IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	. com	A CONSEQUENCE OF):							Onset and Deeth
RIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	DUE TO (OR AS. OUE TO (OR AS. OUE TO (OR AS.	A CONSEQUENCE OF): A CONSEQUENCE OF):	ع						
MEDICAL CE	PART II. Other significant conditions	s contributing to death i	out not resulting in th	a underlying	cause given in	Part I.	24a. WAS APPERFO	RMED?	COL	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATH (Ch	eck only on	e)		1	YES 2 NO
2	EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 DOA 4	HER; Nursing Home	5 🗆 Residence	6 🗆 Other	r (Specify)			
-	27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	WOI	IRY AT RK? ES 2 NO	28d. DE\$	CRIBE HOW	INJURY OCCU	RED	
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	26e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, atreet				ATION (Street or Town, State	and Number or)	Rural Route	Number,
COMPLE	one)	CIAN: To the best of my known. R: On the basis of exemination								d manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CENT	Inste	M. 4		29c. LICENSE NUI	MBER		29d. DATE S	SIGNED (Mo	nith, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	AI _ HC	SPETAL	•				1200		
	31. OATE MAR WOOTH 1990	A ROBBING	WILLIAM							

E, MARYLAND 21203-3146

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RECION: After this certificate has been signed by the attending physician and compretely lined in by the	irs after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	28 is marked, or Item 23 shows any injury, or other traumatic event, the medical era
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30. NAME AND ADDRESS OF PERSON

MAR 07 1990

A 32. REGISTRAR'S SIGNATURE

Sur Davidson Hondale

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

						30 00042			
	FOR 1 - STATE REGISTRAR	STATE DF MARYLAND / DI		OF HEALTH AND N	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF OEATH	3. TIME OF OEATH			
	FRed 1	/Aughy			MONTH DAY	SEAR M			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign								
	TILTILO TOTAL TOTAL CITY MONTHS DAYS HOURS MIN. (Month, Day, Year) TOTAL COUNTY)								
	98. FACILITY NAME (If not institution, give street and number) 99. FACILITY NAME (If not institution, give street and number) 90. COUNTY OF DEATH 90. COUNTY OF DEATH								
8	SINAL HOSE	: and nationally	B	Altimore	City	South of Seattl			
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		Oc. CITY, TOWN C	IN LOCATION		10d. INSIDE CITY			
쁘	The /		02.011, 10419	Altim		LIMITS?			
	MARYIMO		101	7/////08/6	2	1 YES 2 NO			
×	10e. STREET AND NUMBER	0		10f. ZIP CODE	1,17.5	CITIZEN OF WHAT COUNTRY?			
FUNERAL	4219 BELILLEL				15	W.5.17			
	11. MARITAL STATUS 12 1 Never Married 2 Married	2. WAS DECEDENT EVER IN U.S. ARMEI FORCES? 1 Ses 2 No	D 13.	WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica	IC ORIGIN? (Specify Yes or No- n, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc.			
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES		TES 2 PAG Specify	7	Specify:			
9	16. DECEDENT'S EDUCAT	TOW A SECOND	DENT'S USUAL O	COMPATION	16b. KIND OF BUSINESS	(MACK			
	(Specify only highest grade con	mpleted) (Give I	kind of work done (during most of working	166. KIND OF BUSINESS	ANDUSTRY			
4	Elementary/Secondary (0-12)	College (1-4 or 5+)	デブノ	DED.					
COMPLET	AT SATUSTIC MANS (San Address of the A		E ///	T	1				
8	17. FATHER'S NAME (First, Middle, Last)	· Manne		18. MOTHER'S NA	ME (First, Middle, Malden Surnan	10)			
H	VAMES HENR	Y VAUGHN			11E KOA	YNZ-3°			
2	19a. INFORMANT'S NAME (Type/Print)	196. M	AILING ADDRESS	(Street and Number or Rural)	pute Number, City or Town, State	, Zip Code)			
	MRS WENGE	HUGHN 7	27E	IYIURAS	T KJAKTO	Mn 21202			
	20a. M5THOD OF DISPOSITION 1 Durial 2 Cremation 3 Remove	20b. PLACE OF Jother place)	DISPOSITION (No	ime of cemetery, crematory or	20c. LOCATION	N — City or Town, Stata			
	4 Donation 5 Other (Specify)	UNI	ONCI	HAPEL U	M BURK	INGTONIVIC			
	21, SIGNATURE OF FUNERAL SERVICE LICEN	SEE	22.	NAME AND ADDRESS OF FA	USS FULLER	AL			
	Nonnoh 1	Russ							
	23. PART I. Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate								
	ahock, or heert fellure. List only one cause on each line.								
	IMMEDIATE CAUSE (Fine) disease or condition Onset and Death								
	resulting in death)	Neamrat.	ory a	rhest		hours			
	,	DUE TO (OR AS A CONSEQUE	ENCE OF):		1 /	1			
Z	Sequentielly liet conditions, b.	Under	174	Asthmatic	bronchitis	years			
Ē	if any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS A CONSECUÉ	INCE GF):			,			
CERTIFICATION	CAUSE (Diseese or injury C	DUE TO (OR AS A CONSEQUE	ENCE OF						
	that initiated events resulting in death) LAST	DUE TO (ON AS A CONSEQUE	ENGE OF):			i			
	d								
5 1 - 1	PART ii. Other significent conditions of	contributing to death but not res	ulting in the u	nderlying cause given in	Part I. 24a. WAS AN AUTOR	PSY 24b, WERE AUTOPSY FINDINGS			
MEDICAL	Huper	tan 12000			PERFORMEO?	COMPLETION OF CAUSE			
		77810.			1 _ YES 2 _ NO	DI DENIIII			
	- OCt2.	phone 212				1 TYES 2 NO			
Ž									
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE	26. PLACE OF DEATH (Ch	eck only one)				
PHYSICIAN:		☐ Inpatient 2 ☐ ER/Outpatient 3 ☐	DOA 4 INui	sing Home 5 - Residence					
E	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	865. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY	OCCUREO			
BY	1 Natural 5 Pending 2 Accident Investigation		М	1 YES 2 NO					
2 0	3 Suicide 6 Could not be	28e. PLACE OF INJURY — At home building, etc. (Specify)	, farm, street, fac	tory, office	28f. LOCATION (Street and Nu City or Town, State)	mber or Rural Route Number,			
	4 Homicide determined								
2	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowledge, death	occurred at the	time, date and place, and due	to the cause(s) and manner as	s stated.			
COMPLET	onel	On the basis of axamination and/or inve							
-1 1	29b. SIGNATURE AND TITLE OF CERTIFIER	. 17		29c, LICENSE NU	MBER 204	DATE SIGNED (Month, Day, Mari			
8		HT/. 1	1)	The Location Hot	.	2/1/6-			
9	20 NAME AND ADDRESS OF BERSON WAS	COMPLETED CAUSE OF DEATH (ITEM 2	T (T-00/-1)			5/1/40			

3. TIME OF DEATH

10d. INSIDE CITY LIMITS? 1 YES 2 NO

14. RACE — American Indien, Black, White etc. Specify: Black

Approximate

24b. WERE AUTOPSY FINDINGS

MAILABLE PRIOR TO

1 YES 2 NO

29d. DATE SIGNED (Wooth, Day.

mination and/or investigation, in my opinion, death occured at the time, data and place, and dua to the cause(a) and manner as stated.

COMPLETION OF CAUSE OF DEATH?

Interval Between

Onset and Deeth

8. BIRTHPLACE (State or Foreign

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Specify:

DIRECTOR

FUNERAL

BY

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notified at

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEOENT'S NAME (First, Middle, Last) 2. OATE OF CEATH RUTH R WASHINGTON March 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS 216-58-1187 1 M 2 F June 11 1909 9s. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Liberty Medical Center Baltimore RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION
Baltimore Maryland 10b. COUNTY 100. STREET AND NUMBER 1536 McKean Ave 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21217 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Guban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT user Domestic 15. DECEDENT'S EDUCATION pecify only highest grade complete (Specify Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname) John Washington Sallie Blake 190. INFORMANTS ATTOETSON 19b. MAILING APORESS Strong and Thumber of Rural Route Number, City or Town, State, Zip Code) 20a METHOD OF DISPOSITION
1 M Burlel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, Stats Mt Aubrn cem Balto 4 Donation 5 Other (Specify) I'L SIGNATURE OF FUNERAL SURVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1701 Laurens st teen James Morton Funeral Hm 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdisc or respiratory errest, shock, or heart failure. List only one cause on sech line. **IMMEDIATE CAUSE (Finel** disease or condition resulting in death) ONONAN Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If eny, leeding to immediate cause. Enter UNDERLYING **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART ii. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY ETROSTE SUNAL DEITER 1 YES 2 [(NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: NO 1 TYES 2 1 ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH
1 Natural 5 26s. DATE OF INJURY 28c. INJURY AT WORK? 26b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 5 Pending 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. (Check only one)

VETED CAUSE OF DEATH (ITEM 27) (1/po. Print)

32. REGISTRAR'S SIGNATURE

permit. Pages 1, 2, 3 **MARYLAND 21203-3146**

be retained by the hospital or attending physician.
ge 5 should be detached for use as the burlal-transit ge 5 should be

> n by the removal. medical

been signed by the attending physician and completely in the about and Mental Hygiene prior to burial, crematic

has by Dept. 23

After this certificate hadeath with the State Dimerked, or Item

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hours after d

THE HOSPITAL (THE FUNERAL (Filed within 72 h TO THE FUNERAL (be filed within 72 h

HOSPITAL

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other

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

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2 MEDICAL EXAMINER: On the basis of exa

296. SIGNATURE AND ITITLE OF CERTIFIER

1990

30. NAME AND ADDRÉSS OF PERSON

31. DATE FILED (Month, Day, Year)

filled in by

DIVISION OF VITAL RECORDS, P.O. BOX 13146, OR ATTENDING PHYSICIAN: The law

DHMH-15 Rev 1/89

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

	1
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1314	executed
×	2
0. 80	certificate
J.	death
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ZEC0	requires
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OF VI	PHYSICIAN
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-11
=	OB
_	PITAI

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the area of an order to burial-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitled at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI				GIENE G. NO.	
1. DECEOENT'S NAME (First, Middle, Last)		02.11.11			2. DATE OF DE	ATH	3. TIME OF DEATH
ROSA LUISE WIE	DMAIER				MONTH 3	DAY	GAR 1250 M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIS	RTN Veer)	B. BIRTHPLACE (State or Ffreign
216-32-7458	1□M2₽F 93	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, 4/22/	1896	Germany
9a. FACILITY NAME (If not institution, give st	reet and number)	9		R LOCATION OF DE	EATH	9c. 0001	NTY OF DEATH
527 Forest Lane			Cator	sville		6	ALTIMORE
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION			10d. INSIDE CITY
Maryland Bal	timore	Ca	tonsvil	.le			LIMITS?
10e. STREET AND NUMBER			101	ZIP CODE		10g. CITI	ZEN OF WHAT COUNTRY?
527 Forest Lane				21228			U.S.A.
11. MARITAL STATUS	12. WAS DECEDENT EVER I			ENDENT OF HISPAN			14. RACE — American Indian, Bleck, White, atc.
1 Never Married 2 Merried 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR E			ecify Cuban, Mexica 2 NO Specifi		erc.)	Specify:
15. DECEDENT'S EDUC	CATION	18a. DECEDENT'S US	LIAL OCCUPATION	· · · · · · · · · · · · · · · · · · ·	Tack KIND	OF BUSINESS/IND	White
(Specify only highest grade	completed)		k done durina mo		100. KINU	OF BUSINESS/IND	USTRY
Elementary/Secondary (0-12) High School	College (1-4 or 5+)	Taver	n			Tavern 0	wner
17. FATNER'S NAME (First, Middle, Last)		1 10101	-	18. MOTHER'S NA			
Unknown				Unkno	own		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DORESS (Street a	nd Number or Rural	Route Number, Cli	y or Town, State, Zip	Code)
Bernard C. Wiedma	ier	25 Br	andywi	ne Drive	Shrew	sbury, P	°a. 17361
20e. METNOD OF DISPOSITION 1X Buriel 2 Cremation 3 Remo	oval from State	b. PLACE OF DISPOSIT other place)	TON (Name of cer	netery, crematory or			City or Town, State
4 Donation 6 Other (Specify)	T T	Western Ce				Baltimor	e, Maryland
21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE //			D ADDRESS OF FA		Tmo	
+ gopuet.	spann	on		d Funera			Md. 21229
IMMEDIATE CAUSE (Final	a ARTERIOS	each ilne.					Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS	A CONSEQUENCE OF):					
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
PART ii. Other aignificant condition	a contributing to death	but not resulting in	the undarlyin	g cause given in	Part i. 24e.	WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
						YES 2 10	COMPLETION OF CAUSE OF DEATH?
							1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C	heck only one)		
1 VES 2 NO	1 Inpatient 2 ER/Ou		OTHER: I 🗆 Nursing Non	ne 5 Residence	8 Other (Spe	ictfy)	
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY WO	PURY AT DRIK?	26d. OESCRIB	E NOW INJURY OC	CUREO
1 Netural 5 Pending 2 Accident Investigation				YES 2 NO			
3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Sp	IY — At home, ferm, str ec/ly)	eet, factory, offic	•	281. LOCATION City or Tox	l (Street and Numbe vn, State)	er or Rural Route Number,
(Onech only	CIAN: To the best of my kno						nted.
29h/SIGNATIME AND TITLE OF CERTIFIE	B	100		29c, LICENSE NU	MBER	29d. DAT	TE SIGNED (Month, Day, Year)
MINING	MENTA	2 Halit	ymy	2111	7/	1	2/5/96
30. NAME AND ADDRESS OF PERSON WIN	10 COMPLETÉD CAUSE OF D	5350 B	ALTO	NATI	L PK-	CATOO	surrestad
31. DATE FILEO (Month, Day, Year) MAR 07 1990	32. REGISTRAR'S SIG	Randalla					2/229

BALL MARYLAND	can ende 6 may be retained by the hos	page 5 should be detache	examiner must be notified at once.
	ath certificate be executed within 24 hours after	trending physician and completely filled in by the al Hygiene prior to burial, cremation, or removar.	, or other traumatic event, the medical e
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the same to be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removar.	IMPORTANT: If item 26 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLA	AND / DEPARTM			MENTAL HYGIENE REG. NO.		01.	
	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH		3. TIME OF DEATH	
- 1	Eleanor A. Wannenwetsch				MONTH DAY	- 90	17:174	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (III		NOER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	NPLACE (State or Forms	
	220-14-9503 1 D M 2 F 79	303					Maryland	
DIRECTOR	Howard County Gen. /	1 .	ms.	Howar	,			
HE	10e. STATE 10b. COUNTY		WN OR LOCAT	ON			10d, INSIDE CITY LIMITS?	
	Maryland Howard	Colu	mbia				1 TES 2 NO	
AL	10e. STREET AND NUMBER		10f.	ZIP CODE		-	WHAT COUNTRY?	
H	6150 Foreland Garth Apt. 30	3		21045		U.S	.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 AWidowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, spe		IC ORIGIN? (Specify Yea on, Puerto Ricen, etc.)	Blac	CE — American Indian, ck, White, etc. city: White	
G	15. DECEDENT'S EDUCATION	16a, DECEDENT'S USU			16b. KIND OF BUSIN	NESS/INDUSTRY		
COMPLETED	(Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work of life. Do NOT use reti	ired.)				_	
F		Bag Ins	spector		Allied	Paper	Bag	
Ö	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAI	ME (First, Middle, Meiden St	umame)		
BE C	Louis Tiedemann			Queen	Victora Ar	msworth	у	
TO B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILINO ADD	RESS (Street a	nd Number or Rural R	loute Number, City or Town,	State, Zip Code)		
F	Carolyn Batton	Star Ro	oute Or	ne Box 45	C Augusta	, W. Va	. 26704	
	20a. METHOD OF DISPOSITION 1 Burlat 2 Cremation 3 Removal from Stata	PLACE OF DISPOSITION other place)	N (Name of cen	etery, cramatory or	20c. LOC/	ATION — City or 1	Town, State	
	4 Donetion 6 Other (Specify)	oudon Park				imore,	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND AGORESS OF FACILITY Hubbard Funeral Home, Inc.					
	Dawn Low his				ve. Balti		d. 21229	
	23. PART i. Enter the diseeses, Dr complications that caused						Approximate	
	shock, Dr heert fellure. List only one cause Dn et	ich line.		-			interval Between Onset and Deeth	
	dissess or condition resulting in death)	ac a	rres	ノ				
	DUE TO (CITALS A	CONSEQUENCE OF):		- 2-	44.0			
NO	Sequentially ilst conditions,	ma	-	S-OCI	m			
CERTIFICATION	If sny, leeding to immediate cause. Enter UNDERLYING	The same	1	1000	sellias	1	i	
임	CAUSE (Disease or injury that initiated events Due 10 (OR As a	CAUSE (Disease or Injury						
E	resulting in death) LAST	Lova	sen	la	dises	12		
			4 - 50	v	•			
AL.	PART II. Other algnificent conditions contributing to death be	ut not resulting in th	ne underlying	cause given in	Part i. 24a. WAS AN A PERFORM		Ib. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO	
					1 D YES 2	NO	OF DEATH?	
ME					_ '		1 - YES 2 100	
PHYSICIAN: MEDIC								
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OT	26. PL	ACE OF DEATH (Ch	ack only one)			
YSI	1 TYES 2 NO 1 Inpatient 2 ER/Outp			e 5 🗆 Rasidence	6 Other (Specify)			
F	27. MANNER OF DEATH 26a. DATE OF INJURY (Morith, Day, Year)	28b. TIME OF INJURY	WO	URY AT RK?	28d. DESCRIBE NOW IN	JURY OCCURED		
ВУ	1 Setural 5 Pending 2 Accident Investigation			ES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, street cify)	t, factory, offic		28f. LOCATION (Street an City or Town, State)	d Number or Rura	I Route Number,	
	29a. CERTIFIER							
COMPLETED	(Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge of the property one) MEDICAL EXAMINER: On the best of examination						(a) and managed as adole d	
8	A A	t and/or investigation, in	i my opinion, o					
BE	296. SIGNATURE AND TITLE OF CENTIFIER	in		29c, LICENSE NUN	978	▶ 3	(Month Oby, Harly	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	TH (ITEM 27) (Type, Prin	JA 3	4595	tohu	Stan	271043	
31. DATE FILED (Month, Day, Year) MAR 0.7 1990 Acha Deviden Artista								

1	-	STATE REGISTRAF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	1 - STATE REGISTRAR		CE	RTIFIC	ATE O	F DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)	Thor	was	W	hite	3	2. DATE OF I	Z ^D	·- 9	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 250-26-0607 9e. FACILITY NAME (# not institution, give st	1 X M 2 F	. AGE (In yrs. lest	YRS.	DAYS b. CITY, TOW				24 9c. COU	Count	uth Carolina
TOR	6319 Martin Lut	her King	Ave		Seat	Pleasant			Prir	ice (Georges
DIRECTOR	10a. STATE 10b. COUNTY	e Georges			t Plea			LIMITS?			10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	10e. STREET AND NUMBER 6319 Martin Luth	er King A	ve			101. ZIP CODE 20743		10g. CITIZEN OF WHAT COU			
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT B FORCES? 1 V IF YES, GIVE WAR	YES 2 N		If yea,	ECENDENT OF HISPAN specify Cuban, Maxica ES 2 X NO Specify	n, Puerto Ricar		or No—	14. RAC Blac Spec	E — American Indian, ik, White, etc. Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Cofflege (1-4 or 5 +)	(Gi	CEDENT'S US VIO KIND OF WOR DO NOT USE I		TION most of working	22.00		rnmer		
	17. FATHER'S NAME (First, Middle, Last) Charles Kibby Wh	ite				16. MOTHER'S NA	ME (First, Middl Ola	le, Maiden		wen	S
TO BE	19a. INFORMANT'S NAME (Type/Print)	100				at and Number or Rural I					
۲	Cynthia Boo	ker	1			1110W Dr/S	Seat Pl		ant,		
	1) Burial Cremation 3 Remarks Donation Donation Donation	oval from Stata	other pla	ICe)	Vetera	an's Cemet	tery	Che	elter	nham,	, Md
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Mes	PS	اسرا		AND ADDRESS OF FA					Funeral Home 0785
	23. PMF i. Enter the disease, prosphere is shock, or feert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Hypes	ceused the de e on each line on as a consecution	on		mode of dying, suc					Approximate Interval Between Onset and Demin
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other eignificent condition	e contributing to d	esth but not r	esuiting In	the underly	ing ceuse given in	Part I. 24		AUTOPSY	24	b. WERE AUTOPSY FINDINGS
: MEDICAL	PERFORMED? 1 □ YES 2 戸地の						4 4		AVAILABLE PRIDE TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO		
NA	25. WAS CASE REFERRED TO MEDICAL EXAMINEBA	HOSPITAL:				PLACE OF DEATH (Ch	eck only one)				
IYSI	1 DATES 2 NO	1 - Inpetient 2 - E		□ DOA 4		ome 5 Residence					
BY PHYSICIAN: ME	27. MANNER OF TEATH 1	28a. DATE OF IN (Month, Day,	Year)	28b. TIME	M 1 (INJURY AT WORK?	28d. DESCRI				
TED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, et	ic. (Specify)	me, tarm, str	eet, factory, o	ffice		own, State,		or Plural	Route Number,
COMPLETED	CONTROL ONLY	ICIAN: To the best of m									(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIED	Myque	MK	7		29c. LICENSE NU	MBER 23T)	29d. DA	TE SIGNE	D (Morth, Day, Year) 3 - 90
5	30. NAME AND ADDRESS OF PERSON	chkuk	ZMIL	M 27) (Type, P	Per Per	punt	top	- 5	M.	me	2748
	MAR 07 1990	32. REGISTRAN		العلاما	,		1	V			

e 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should retained by the hospital or attending physician. MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after die TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the law be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or primovel. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

be notified at once. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

notified at

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within round after death.	lled .	E
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	e de	Wen a	3
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	2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled lightly the times directive and the State Dent of Health and Mental Hydiene prior to burial, cremation, or ferminal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical-examiner must be

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						90 0604			
	1 - STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND I	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) MARIE	Veaden			2. DATE OF DEATH MONTH 2 23 DAY 9 (YEAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. lest birthday) 9. FUNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Veg) 9. FACILITY NAME (if not institution, give street and number) 9. COUNTY OF DEATH 9. COUNTY OF DEATH								
DIRECTOR	NILLA S	1 Michen	L B	Altimore	City				
	10a. STATE 10b. COUNTY		DA	timore	· · · · · · · · · · · · · · · · · · ·	10d. INSIDE CITY LIMITS? 1 Per 2 No			
FUNERAL	100. STREET AND NUMBER RE	en wood	Rd	101. ZIP CODE 2/2	08	ITIZEN OF WHAT COUNTRY			
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Noviced 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	13. NO	WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxica 1 YES NO Specifi		Black Whita, etc.			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed) (G	CEDENT'S USUAL (ive kind of work done to NOT use retired.)	during most of working	186. KIND OF BUSINESS/II	NDUSTRY			
BE CON	17. FATHER'S NAME (First, Middle, Leat) SEFF WILLIAMS 18. MOTHER'S NAME (First, Middle, Meldger Surname) HAGGIE CASH TAULOR								
TO	DARLENE HARPER 2810 Thorred Street and Number or Rural Route Number, City or Town, State, Zip Code) 2810 Thorred Street and Number or Rural Route Number, City or Town, State, Zip Code)								
	20a. METHOD OF DISPOSITION 1 Devial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 70b. PLACE OF DISPOSITION (Name of cometery, crametery or capture plays) A Location - City or fown, State A Donation 5 Other (Specify)								
	21. SIGNATURE OF FUNERAL SERVICE LIC	S. Reiss	22	Sosephores of F	ThAve Bh	1/10, md, 21216			
	23. PART / Enter the diseases, or can shock, or heart failure. If IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. END STACE	Cor	VAESTIVE	4.	Approximate Interval Between Onset and Death			
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								
CERTIFIC									
PHYSICIAN: MEDICAL C	PART II. Other algorificent condition	-/)	HLURE	inderlying cause given in	Part I. 24s. WAS AN AUTOPS PERFORMED? 1 TYSS 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
N: ME	- DEMENTIA-								
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 inpatient 2 ER/Outpatient 3	OTHE	26, PLACE OF DEATH (Ca pring Home 5 - Residence					
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	284. DEŞCRIBE HOW INJURY (OCCURED			
	3 Suicide 8 Could not be determined	26s. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fa	ctory, office	28f. LOCATION (Street and Num. City or Town, State)	ber or Rural Route Number,			
COMPLETED	cont only	CIAN: To the best of my knowledge, de							
BE C	290 MIGNATURE AND TITLE OF CERTIFIE		ΛυμΛω	29c. LICENSE NU	MBER 29d. D	MTE SIGNED (Month, Dey, Year)			

296 GNATURE AND TITLE OF CERTIFIE AKHANI

29c. LICENSE NUMBER 2850

29d. DATE SIGNED (Month, Day, Year)

BALTO AVE 8 7220 ARK erg413 2120

31. DATE FILED (Month, Day, Year) 07 1990 MAR

DHMH-16 Rev 1/89

SNEEM

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans	be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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ERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
PUPFEII FILM: 444 En

FILME

4141 Enden

	1 - FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH AND N	MENTAL	HYGIENI REG. NO.	E		
	1. OECEOENT'S NAME (First, Middle, Last)	ROMAN		ELZANT		2. DATE O	F OEATH		3. TIME OF C	EATH
	Roman Welza		G. WI			монтн	2	96	AR 10!	CCC M
		**	(In yrs. lest birthde) IF UNDER 1 YEA	AR IF UNDER 24 HRS.	7. DATE O	F BIRTH	6,	BIRTHPLACE (State	or Foreign
	212 07 7407	M 2 D F	78 YRS.			1 - 16	Day, Year) 5 - 12	MA	RYLAND	
OR	98. FACILITY NAME (If not institution, give street FRANCIS SCOTT K RESIDENCE OF DECEDENT	et and number)			VN OR LOCATION OF DE IMORE	ATH		9c. COUNTY	OF DEATH	
5		y	T.,						10d. INSIDE	
DIRECTOR	MARYLAND 106. COUNTY			BALTIMORE						ON [
FUNERAL	100. STREET AND NUMBER 515 S. LUZERNE	AVENUE		101. ZIP CODE 2 1 2 2 4				10g. CITIZEN	OF WHAT COUNTR	Y?
BY FUN		2. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 X NO	It yes	DECENDENT OF HISPAN I, specify Cuban, Mexicar YES 2 NO Specify	n, Puerto Ri		or No- 14.	RACE — American Black, White, etc. Specify:	Indian,
ü	15. OECEDENT'S EDUCA	TION	18a. DECEDENT	'S USUAL OCCUP	PATION	16b.	KIND OF BUS	INESS/INDUST		
E	(Specify only highest grade co	mpleted) College (1-4 or 5 +)	(Give kind of life. Do NO!	of work done during use retired.)	g most of working					
7	8 YEARS	Conlege (I-4 or 5+)	DESIG	SNER			HGL A	S DIS	T. CO.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		DEST	JINLIN	18. MOTHER'S NAI					
	CHARLES WELZAN	r			FRANCES					
BE	19e. INFORMANT'S NAME (Type/Print)	1	405 MARIA	NO ADDRESS (C)	Peet and Number or Rural F				del	
2	MRS. GENEVIEVE V	WELZANT			ZERNE AVE				3/5	Į.
	20a. METHOD OF DISPOSITION	20			of cemetery, crematory or				or Town, Stata	
	4 Donation 5 Other (Specify)	III From State	HÕLŸĸ	SARY (CEMETERY		BAL	TO. C	O. MD.	
	21. SIGNATURE OF FUNERAL SERVICE LICER	ISEE			E AND ADDRESS OF FAC					
	•				ZOROWSKI					
	20 0457 5-4-44-44-44		data da de B		5 FLEET S				MD. 212	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. Approximate Interval Between									
	shock, or heart fellure. Lis			o not entar tha	moda of dylng, auci	h as cardi	ac or respi	retory arrest		
	IMMEDIATE CAUSE (Final			o not entar tha	moda of dylng, auci	h as cardi	ac or respi	retory arrest	Interv	
	IMMEDIATE CAUSE (Final	st only one cause on a	sech line.		moda of dylng, auci	h as cardi	ac or respi	retory arrest	Interv	l Between
	IMMEDIATE CAUSE (Final		sech line.		moda of dylng, aucl	h as cardi	ac or respi	retory arrest	Interv	l Between
z	IMMEDIATE CAUSE (Final disesse or condition resulting in death)	SCASS DUE TO (OR AS	aech line. A CONSEQUENCE	OF):	moda of dylng, auci	h as cardi	ac or respi	retory arrest	Interv	l Between
rion	IMMEDIATE CAUSE (Final disesse or condition resulting in death)	SEPS'S DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE	OF):		h as cardi	ac or respi	retory arrest	Intervi Onsat	al Between and Death
CATION	immediate cause (Final disesse or condition resulting in death) Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING	SEPS'S DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE	OF):		h as cardi	ac or respi	retory arrest	Intervi Onsat	al Between and Death
IFICATION	IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	SCASS DUE TO (OR AS	A CONSEQUENCE	OF):		h as cardi	ac or respi	retory arrest	Intervi Onsat	al Between and Death
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	SEPS'S DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE	OF):		h as cardi	ac or respi	retory arrest	Intervi Onsat	al Between and Death
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BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions COLOR CARCER 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS. CONTributing to death DUE TO (OR AS. DUE TO (OR AS.	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE but not resultin tpetient 3 □ DOJ 26b.	OF): OF): OF): OF): OF MANUAL AND	itying cause given in 6. PLACE OF DEATH (Ch. NORMS 5 Residence INJURY AT WORK? YES 2 NO	Part I. eck only one 8 Other 28d. DE\$4	24a. WAS AN PERFOR 1 YES 2 (Specify) CRIBE HOW I	AUTOPSY MED? NO NJURY OCCUP	24b. WERE AUTOP AWAILABLE PI COMPLETION OF DEATH? 1 YES 2	Eq I S
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions COLOR CARCER 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation	SEPSIS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS OUE TO (OR AS	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE but not resultin tpetient 3 □ DOJ 26b.	OF): OF): OF): OF): OF MANUAL AND	itying cause given in 6. PLACE OF DEATH (Ch. NORMS 5 Residence INJURY AT WORK? YES 2 NO	Part I. eck only one 8 Other 28d. DE\$4	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? NO NJURY OCCUP	24b. WERE AUTOP AWALABLE PI COMPLETION OF DEATH? 1 YES 2	Eq I S
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions COLOR CARCE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 2 Accident 3 Suicide 6 Could not be determined	DUE TO (OR AS. CONTributing to death DUE TO (OR AS. DUE TO (OR AS.	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE Dut not resultin tpetient 3 □ DOA 28b.	OF): OF): OF): OF): OF MANUAL AND	tying cause given in 6. PLACE OF DEATH (Ch. Home 5 Residence INJURY AT WORK? YES 2 NO office	Part I. eck only one 6 Other 28d, DE\$4	24a. WRS AN PERFOR 1 VES 2 (Specify) (Specify) THON (Street & Town, State)	AUTOPSY MED? NO NJURY OCCUP	24b. WERE AUTOP AWALABLE PI COMPLETION OF DEATH? 1 YES 2	Eq I S
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in daath) Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST PART II. Other significant conditions COLOR CARCEL 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	DUE TO (OR AS DUE TO (MORTH, Day, Year) 28e. PLACE OF INJURY Duliding, etc. (Spe	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE Dut not resultin tpetient 3 DOA 28b. Y—At home, fam colly)	OF): OF): OF): OF): OF MANUAL AND	ilying cause given in 8. PLACE OF DEATH (Ch. Home 5 Residence INJURY AT WORK? YES 2 NO office	Part I. Beck only one City of the Ceut	24a. WAS AN PERFOR 1 VES 2 (Specify) (Specify) THON (Street & Youn, State)	AUTOPSY IMED? NO NJURY OCCUP and Number or	24b. WERE AUTOP AMAILABLE PI COMPLETION OF DEATH? 1 YES 2	Eq I Serveen and Death Party Franty SY FINDINGS HOR TO DF CAUSE NO
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions COLOR CARCER 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29s. CERTIFIER Check only Core) 2 MEDICAL EXAMINER:	DUE TO (OR AS DUE TO (MORTH, Day, Year) 28e. PLACE OF INJURY Duliding, etc. (Spe	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE Dut not resultin tpetient 3 DOA 28b. Y—At home, fam colly)	OF): OF): OF): OF): OF MANUAL AND	tying cause given in 6. PLACE OF DEATH (Ch. Home 5 Residence NJURY AT WORK? YES 2 NO office data and place, and due on, death occured at the	Part I. eck only one 6 Other 26d, DE\$d 26t, LDCA city of	24a. WAS AN PERFOR 1 VES 2 (Specify) (Specify) THON (Street & Youn, State)	AUTOPSY IMED? IN NO NJURY OCCUP and Number or oner as stated, did due to the c	24b. WERE AUTOP AMAILABLE PI COMPLETION OF DEATH? 1 YES 2	Between and Death Paul Paul Paul Paul Paul Paul Paul Paul
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in daath) Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST PART II. Other significant conditions COLOR CALCER 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICI	DUE TO (OR AS DUE TO (MORTH, Day, Year) 28e. PLACE OF INJURY Duliding, etc. (Spe	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE Dut not resultin tpetient 3 DOA 28b. Y—At home, fam colly)	OF): OF): OF): OF): OF MANUAL AND	ilying cause given in 8. PLACE OF DEATH (Ch. Home 5 Residence INJURY AT WORK? YES 2 NO office	Part I. eck only one 6 Other 26d, DE\$d 26t, LDCA city of	24a. WAS AN PERFOR 1 VES 2 (Specify) (Specify) THON (Street & Youn, State)	AUTOPSY IMED? IN NO NJURY OCCUP and Number or oner as stated, did due to the c	24b. WERE AUTOP AMAILABLE PI COMPLETION OF DEATH? 1 YES 2	Between and Death Paul Paul Paul Paul Paul Paul Paul Paul

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		FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN REG. NO.		
	,	1. OECEDENT'S NAME (First, Middle, Last)	R, WOLF	ERT			2. DATE OF DEATH MONTH	- 90	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 219-01-2739	5. SEX 6. AGE (I	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 8/20/1893	8. BI	MARYLAND
3 should	R	9a. FACILITY NAME (If not Institution, give str BALTIMORE COUNTY				R LOCATION OF DE LLSTOWN	ATH	9c. COUNTY C	DE DEATH LTIMORE
les 1, 2,	DIRECTO	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, To	OWN OR LOCAT				tod. INSIDE CITY
permit, Pages		MARYLAND 10s. STREET AND NUMBER	-		BALTIM	ORE		100 CITIZEN	TE YES 2 NO
15	FUNERAL	2500 W. BELVEDER				212		τ	USA
ling physician. the burial-transit	ВУ	11. MARITAL STATUS 1 Naver Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA		If yes, sp		IC ORIGIN? (Specify Yea n, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: WHITE
or attending r use as the	ETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elamentary/Secondary (0-12)		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo		16b. KIND OF BU	BINESS/INDUSTF	₹Y
the hospital of detached for once.	COMPLI	12	Conege (1-4 or 5+)	SALE	S PERS		ME (First, Middle, Malden	RETAIL	
क विक	BE CC	ABNER ROBINSON					ER MINDA H		RG
5 should	TO E	190. INFORMANT'S NAME (Type/Print) MRS. ELAINE GURAL	NICK				APT 202-C		
e 6 me ector, page must be	4	20s_METHOD OF DISPOSITION 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramo		other place)	ON (Name of cer		20c. L0	CATION — City of	or Town, State
Pag dir		21. SIGNATURE OF PUNERAL SERVICE ASC	NSEB	BETH TFII		L ACEVINS	BROS.		ORE, MD
2 9 m		23. PART I. Enter the diseases or	Service that course	the death Do not			STOWN RD.	BALTO.	
within 24 hours after ppletely filled in by th cremation, or remove rent, the medical		immediate cause (Final disease or condition resulting in deeth)	lst only one cause on e	ech line.		- 25		•	Interval Between Onset end Death
ertificate be executed ing physician and comreprior to burial, other traumatic ex	RTIFICATION	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Olsease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):	4004	adi'AL	*NF	ARLTI	on
the death of the attend of Mental Hy injury, or	L CEF	PART II. Other significent conditions	contributing to death b	out not resulting in t	the underlyin	a cause given in	Part I. 24e. WAS AF	ALITOPSY	24b. WERE AUTOPSY FINDINGS
< 50 m	EDICA	Hyportexs		Drovasi		-	PERFO YES	DMEDO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
he law req has been bept. of n 23 sho	ICIAN: M	25. WAS CASE REFERRED TO MEDICAL			20.00	LACE OF DEATH (Ch			
PHYSICIAN: The law requires the this certificate has been signed with the State Dept. of Health riked, or Hem 23 shows an	YSICI	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		THER:	ne 5 🗆 Residence			
	F	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WO	JURY AT DRK? YES 2 NO	20d. DEŞCRIBE HOW	INJURY OCCURE	žD.
TTENDI TOR: A after d	TED BY	2 Accident 3 Suicide e Could not be determined	28e. PLACE OF INJURY building, etc. (Spe		et, factory, offic	De .	2ef. LOCATION (Street City or Town, State		lural Route Number,
# 25 F F	COMPLE	(Crieck Only	CIAN: To the best of my known. R: On the basis of examination						nuse(s) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 IMPORTANT: It	O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	15			29c. LICENSE NUI	7 7	N 2	GNED (Month, Day, Year) $3 - 2 - 90$
	ĭ	30. NAME AND ADDRESS OF PERSON WING	CONTRACTED CAUSE OF DE	EATH (ITEM 27) (Typo, Pr	BC	GH R.	ANDALLS	Town	Le 21133

DIVISION OF VI

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

		Pl		
BALTIMORE, MARYLAND 21203-3146	The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	nt, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the i be filed within 72 hours after death with the State Dept. of Health and Memal Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVIS	TO THE HOSPITAL DR ATTENDING PHYSICIAN:	TO THE FUNERAL DIRECTL be filed within 72 hours af	IMPORTANT: If Item 28	

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			MENTAL HYGIENI REG. NO.	E									
1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH								
STEPHEN M. ZIOI	.KOWSKT				3/4/90 DA	Y YE	10:00P.M								
		n yrs. (est birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	- / 81	SIRTHPLACE (State or Foreign								
212-03-7412	1 AM 2 F	73 YRS. M	NTHS DAYS	HOURS MIN.	(Month, Day, Year) (3/23/9	ogin) TARYLAND								
9e. FACILITY NAME (If not institution, give stre	set end number)	9	b. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH								
CHURCH HOSPITAL	CORPORAT	ION	BALT	MORE C	ITY										
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		too CITY 1	OWN OR LOCAT	ION			10d, INSIDE CITY								
							LIMITS?								
MD .		BAL		E CITY		10a. CITIZEN	OF WHAT COUNTRY?								
A STATE OF THE PERSON OF THE P															
510 S. GLOVER S	'L' . 12. WAS DECEDENT EYER II	I II C ADMED		21224	IIC ORIGIN? (Specify Yee	USA	DACE American Indian								
1 Never Merried 2 Merried	FORCES? 1 XYES	2 NO	If yes, spe	cify Cuben, Mexica	n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.								
3 Widowed 4 Divorced	WWTT	MES	1 U YES	2 XNO Specifi	<i>r:</i>		Specify:								
15. DECEDENT'S EDUC	ATION	16a. OECEDENT'S US	UAL OCCUPATIO	N .	16b. KIND OF BUS										
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor life. Do NOT use i	k done during mo stired.)	st of working											
8 YEARS		LONGSHO	REMAN		STEAMSH	IP TR	ADE								
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meiden										
JOSEPH ZIOLK	OWSKI			JOSEPH	HINE GORA	LSKI									
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ODRESS (Street a	nd Number or Rural	Route Number, City or Tow	n, State, Zip Coo	le)								
MR. DANIEL ZIOL	KOWSKI	508 W	ILTON	ROAD BA	ALTO. MD.	2120	4								
20e. METHOD OF DISPOSITION 1 (XBuriel 2 Cremation 3 Remo	201	PLACE OF DISPOSIT	ON (Name of cer	netery, crematory or	20c. LO	CATION — City	or Town, State								
4 Donation 5 Other (Specify)	ST	• STANI	SLAUS	CEMETER	RY BAL	.TO. M	D.								
21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME AN	O ADDRESS OF FA	CILITY	HOME									
to more of & &	the second of	-	2525	KUWSKI	FUNERAL ST. BALTO	HUME	21224								
3. FART i. Enter the diseeses, or co	omplicatione that cause	the death. Do not													
shock, or haart fallure. L		ach line.			ORY ARRE	•	Interval Between Onset and Daath								
IMMEDIATE CAUSE (Final disease or condition		ardioves	RUIUK	COPIRAL	arest	21	Oliset and Daeth								
resulting in death)	DUE TO (OR AS	CONSEQUENCE OF):			CANCER	יוו יור	VG.								
_	Sa	all Coss	(a 5			01 1101									
Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF):	//		1										
cause. Enter UNDERLYING			0		U										
CAUSE (Disease or injury that initiated events	DUE TO (OR AS	CONSEQUENCE OF):													
resulting in death) LAST															
PART II. Other significant conditions	contributing to death I	ut not resulting in	the underlyln	a cause alven in	Part I. 24s, WAS AN	ALITOPRY	24b. WERE AUTOPSY FINDINGS								
TAIT II. Otto agrifforti condition	- continuating to destill	at not resulting in	the discorrying	y cause given in	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE								
					1 YES 2	□ NO	OF DEATH?								
					—		1 YES 2 NO								
25. WAS CASE REFERRED TO MEDICAL				405.05.05.1711.00											
EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (C)											
1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out	28b. TIME			6 ☐ Other (Specify) 28d. OESCRIBE HOW I	MILIBA UCCITO	EO								
1 Netural 5 Pending	(Month, Day, Year)	IULINI	RY WC	PRK?	254. OESCRIBE HOW	Naomi occon									
2 Accident Investigation	2 Accident Investigation														
3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spe		ou, rectory, orme	•	City or Town, State)		wei route Harrison,								
29e. CERTIFIER															
(Check only	ZIAN: To the best of my know R: On the basis of examination						euse(s) and manner as stated.								
		J. meor mireengerion,	my spinnert, t												
296. SIGNATURE AND TITLE OF CERTIFIER	Bonch MA	· L	1 &	29c. LICENSE NU	6594		GNED (Month, Day, Year)								
30, NAME AND ADDRESS OF PERSON WILL	COMPLETED CAUSE OF DE						14/90 10 pm								
THE PROPERTY OF PERSON WITH	LETEU GROSE OF DI	entititism &t) (1900), P	DR			.D.	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DR. R. BONHARI, M.D.								
			(')-I	IBCH HU	ו מיף ו ס ט										
MAR 07 1990	39. REGISTBAR'S SIGN	ATURE Handell	CH	URCH_HC	SPLTAL		and the same of th								

BALTIMOHE, MARYLAND	us after dear Page 6 may be retained by the hosp	in by the transmittered page 5 should be detached removed.	edical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours are charged than 1 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the leavest page 5 should be detache be filed within 72 hours after death with the State Dept. of Realth and Mental Hygiene prior to burial, cremation, or remove	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

MAR 08 1990

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGII REG. I						
		EKSIJEW				2. DATE OF DEATH		a. TIME OF DEATH				
	4, SOCIAL SECURITY NUMBER 215–40–7206	5. SEX 6. AGE	BIRTHPLACE (State or Foreign Country) UKRATNE									
OR	98. FACILITY NAME (If not institution, give at MASON LORD MEDICA	,		BALTIMO		DEATN	9c. COUNTY	OF DEATN				
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND	,		TOWN OR LOCATE	ION			10d. INSIDE CITY LIMITS? 1 V YES 2 NO				
FUNERAL (100. STREET AND NUMBER 2116 E. PRATT STR	EET		10f.	ZIP CODE 21231		10g. CITIZEI USA	N OF WHAT COUNTRY?				
B	11. MARITAL STATUS: 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR S	2 NO	If yes, spe		ANIC ORIGIN? (Specify can, Puerto Rican, etc.) lify:		RACE — American Indien, Black, White, atc. Specify:				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12		16e. DECEDENT'S U (Give ldnd of wo life. Do NOT use	ork done during mos retired.)	N st of working	196. KIND OF	BUSINESS/INDUS					
BE CO	17. FATHER'S NAME (First, Middle, Last) FREDERICK ONPRIC	HUK			16. MOTHER'S N	AME (First, Middle, Meil	den Surneme)					
5	190. INFORMANT'S NAME (Type/Print) MARIA BONINCONTR	I				BALTIMOR						
	20e. METNOD OF DISPOSITION (XC) Burls1 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) ST. ANDREWS RUSS. ORTH. CEM. BALTIMORE,											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DIPPEL FUNERAL HOME, INC. 7110 BELAIR ROAD BALTIMORE, MD. 21206											
	23. PART I. Enter the disease, or cahock, pr heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceuse on	d the death. Do no each line.	ot enter the mo								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST b. COPD OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR) S A CONSEQUENCE OF): d.											
PHYSICIAN: MEDICAL C	PART II. Other algniffcant conditions contributing to death but not resulting in the underlying cause given in Part I. 1											
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou	tpatient 3 DOA	OTHER:	ACE OF DEATN (Check only one) 6 Other (Specify)						
	27, MANNER OF DEATH 1 ☑ Natural 6 ☐ Pending	ER OF DEATH 28s. DATE OF INJURY 28b. TIME OF INJURY AT WORK? ### WORK? ### 1 YES 2										
≿	2 Accident investigation			2 Accident 3 Suicide 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stele)								
TED BY	3 Suicide 6 Could not be	28e. PLACE OF INJUR building, etc. (Sp	N — At home, firm, st ecfly)	ireet, factory, office				Rural Route Number,				
	3 Suicide 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only	ICIAN: To the best of my kno	wiedge, death occurred	d at the time, date	and place, and d	City or Town, S	menner as atated					
TO BE COMPLETED BY	3 Suicide 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only	ICIAN: To the best of my kno	wiedge, death occurred	d at the time, date	and place, and d	City or Town, S us to the cause(s) end he time, date and place	menner as atated	counce(s) and menner as stated.				

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DI	EPARTMENT OF A		MENTAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH		
	ROY LEO BROWN				03 05		4:50 P M		
	4. SOCIAL SECURITY NUMBER 217-54-0506	5. SEX 8. AGE (In yrs. last bir	YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 04-04-26	MA	RTHPLACE (State or Foreign untry) RYLAND		
DIRECTOR	9a. FACILITY NAME (If not institution, give so VA MEDICAL CENTER RESIDENCE OF DECEDENT	reet and number)	96. CITY, TOWN	OWARD	ATH	9c. COUNTY OF			
EC	10a. STATE 10b. COUNTY	1	Oc. CITY, TOWN OR LOCA				10d. INSIDE CITY		
	MARYLAND BALT	IMORE	Dune	dalk			1 TES 2 X NO		
FUNERAL	10e. STREET AND NUMBER			I. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?		
NE.	1950 DENBURY DRIVI			1222		USA			
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 → YES 2 → NO IF YES, GIVE WAR OR DATES	If yes, sp	CENDENT OF HISPAN Healty Cuban, Maxicar S 2 NO Specify.		8	ACE — American Indian, leck, White, etc. pecity: WHITE		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed) (Give I	DENT'S USUAL OCCUPATE (ind of work done during me NOT use retired.)	ON ost of working	16b. KIND OF BUS	INESS/INDUSTRY	Y		
PLE	Elementary/Secondary (0-12)	Conege (1-4 or 5+)	RPENTER		CONST	RUCTION			
OM	17. FATHER'S NAME (First, Middle, Last)	- C	HI LIVILIY	18. MOTHER'S NAM	ME (First, Middle, Malden :				
BE C	JOSEPH BROWN			MARTH	IA BANE				
TO B	19a. INFORMANT'S NAME (Type/Print) CLINICAL RECORDS	Dolores Brown VA	T'9'50° DEMBU MEDICAL CE	ry brive NTER, FOR	BATTIMOTE RT HOWARD,	MAYY 131 MARYLAI	hd 21222 ND 21052		
	20a. METHOO OF DISPOSITION 1 Burial 2 Cremation 3 Rame	oval from Stata other place)				CATION — City or			
- 50	4 Donation 8 Other (Specify)		Hill Ceme	tery ND ADDRESS OF FAC		ltimore	e MAryland		
	Connelly	Funcial Hom	1 1 1 1 1 1 1 1 1 1		eral Home	of Dund	dalk 21222		
	ahock, or haart fallure. IMMEDIATE CAUSE (Final	complications that caused the death List only one cause on each line.		oda of dying, auch	n as cardiac or reapi	ratory arrast,	Approximate interval Batween Onset and Death		
	disease or condition resulting in death)	a. CARDIAC ARRYTHMI OUE TO (OR AS A CONSEQUE				MINUTES			
NOI	Sequentially list conditions, MYOCARDIAL INFARCTION MYOCARDIAL INFARCTION MYOCARDIAL INFARCTION								
CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants	C. ISCHEMIC CARDION DUE TO (OR AS A CONSEQUE							
ERT	resulting in death) LAST	d							
AL C		a contributing to death but not read	ilting in the underlyin	g cause given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIDE TO		
MEDIC	POLYCYTHEMIA VET				1 YES 2	Хио	COMPLETION OF CAUSE DF DEATH?		
	CEREBRO-VASCULAI ANEMIA, S/P SPLI				-		1 YES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL	EENECTOMI	26. P	LACE OF OEATH (Che	ock only one)				
SIC	EXAMINER?	HOSPITAL: 1 Ainpatient 2 ER/Outpatient 3	OTHER: DOA 4 Nursing Hor	ne 5 🗆 Realdenca	8 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH 1 X Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURED			
FED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At home, building, atc. (Specify)			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	and a	CIAN: To the best of my knowledge, death R: On the bests of exemination and/or inve					so(a) and manner as stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIES	CITA	4 (1)	29c. LICENSE NUM	IBER	29d, DATE SIGN	NED (Month, Day, Year)		
2		O COMPLETED CAUSE OF DEATH (ITEM 2:	, , , , ,				15-90		
	AURORA C. TAN, M.I) VA MEDICAL CEN	TER, FORT	HOWARD, M	IARYLAND 2	1052			
	MAR 08 1990	32. REGISTRAR'S SIGNATURE	L						

und be detached for use as the burial-transit permit. Pages 1, 2, 3 should

by the hospital or attending physician. PYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2* nours after death. Page This facilities by the detached TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction of the page of the page of the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR								
	1. DECEDENT'S NAME (First,								
	RAS								
	4. SOCIAL SECURITY NUMBER 5.								
	104-22-84	08	1)						
	9e. FACILITY NAME (If not in	stitution, give str	100						
N.	NATIONAL	NAVAL	l						
5	RESIDENCE OF DEC								
R	10e. STATE	10b. COUNTY							
ā	MARYLAND	PRINC	E						
BY FUNERAL DIRECTOR	10e. STREET AND NUMBER								
Ē	2106 ROSAN	NE PLA	CI						
5	11. MARITAL STATUS 1 Never Married 2 X	Mandad	12						
≥	3 Widowed 4 Otvo								
9	15. DEC	EDENT'S EDUC	AT						
		PEDENT'S EDUC	con						
BE COMPLETED	Elementary/Secondary (0	F12)							
0	17. FATHER'S NAME (First, M	liddle, Last)							
EC	FRED W	ARNER I	BF						
B	19e. INFORMANT'S NAME (7	ype/Print)							
10	BENNIE R. B	ROWN							
	20e. METHOD OF OISPOSIT tx Burial 2 Crematic	ION	rvsi						
	4 Donation 5 Other								
	21. SIGNATURE OF FUNERA	L SERVICE LICI	EN:						
	1	(1						
	23. PART I. Enter the d	Iseases, or c	on						
	9	eart fallure. L	lei						
	IMMEDIATE CAUSE (Fir disease or condition	181							
	resulting in death)		l						
-									
CERTIFICATION	Sequentially list condit if any, leading to imme		r _						
S	ceuse. Enter UNDERLY	ING	_						
Ĕ	CAUSE (Disease or Injuthat initiated eventa		-						
F	resulting in death) LAS	T	l						
	PART II. Other significa	nt condition	_						
ICAL	PART II. Other arginites	int condition							
			_						
Σ			_						
ä									
C	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	Н						
YSI	1 TYES 2 X NO		K						
PH	27. MANNER OF DEATH 1 Netural 8	Pending							
BY		Investigation							
Ω		Could not be determined							
E									
PL	omn!	FIFYING PHYSIC							
BE COMPLETED BY PHYSICIAN: MEI	one) 2 MED	ICAL EXAMINES	R: 0						
E	296. SIGNATURE 4090 TITLE	OF CENTRUES	1						
0 B	14500	6	2						
0 1									

FOR

REGISTRAR				CERTIFI	CATE	OF	DEATH		REG. NO			
1. DECEDENT'S NAME (First	1. DECEDENT'S NAME (First, Middle, Last) RAYMOND LOUIS BROWN							MONT	2. DATE OF OEATH DAY YE FEB 23 1990			TIME OF DEATH
4. SOCIAL SECURITY NUMBER 104-22-84		5. SEX	rs. last birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS, HOURS MIN.	7. OATE	OF BIRTH		Country)	ACE (State or Foreign	
9e. FACILITY NAME (If not in			67	Thu.					ים און	_		EW YORK
NATIONAL	NAVAI	L MEDICAL	CENT	ER	9b. CITY,	, TOWN (BETHESD				ONTGON	
RESIDENCE OF DEC	10b. COUNT	v		100 0170	. TOWN C	D 1 0047	Flow					d. INSIDE CITY
MARYLAND		CE GEORGE	S				HILLS					LIMITS?
100. STREET AND NUMBER 2106 ROSAN	NE PLA	ACE				101	ZIP CODE 2074	48			TED ST	
11. MARITAL STATUS 1 Never Married 2		12. WAS DECEOEN FORCES? 1. IF YES, GIVE W				If yes, sp	ENDENT OF HISPA ecify Cuben, Mexic 2 X NO Speci	an, Puerto I		or No-	14. RACE — Black, W Specify:	American Indian, Thite, atc.
3 Widowed 4 Olvo	orced		942-19				_ <u> </u>				орчону.	BLACK
	EDENT'S EDU		16	Be. DECEDENT'S I	USUAL O	CCUPATIO	ON set of working	16b	KIND OF BU	SINESS/IND	DUSTRY	
Elementary/Secondary (0		College (1-4 or 8	·)	Me. Do NOT use	S.				DH	EFENS	E	
17. FATHER'S NAME (First, M	fiddle, Last)						16. MOTHER'S N.	AME (First, I	Middle, Malden	Surneme)		
FRED W		BROWN							MAY SV	122121		
19e. INFORMANT'S NAME (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						and Number or Rural			-		. = 1.0
BENNIE R. B							E PLACE	, TEM				
200. METHOD OF OISPOSIT ty∑ Buriel 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other	on 3 🗆 Ren	noval from State	of	her place)			netery, cremetory or L CEMET.	ARY			N. VII	RGINIA
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE					ND ADDRESS OF F					
Jenn	Ca	. Com	tin	/			G. MASO					20020
iMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY	tiona, cidate	a. BRA DUE TO	IN DEA (OR AS A CO	TH DNSEOVENCE OF	o: CRAN		HEMORRHA		and of reep	natory en	V	Approximate Interval Between Onset and Death
CAUSE (Disease or Injuthat Initiated eventa resulting in death) LAS		DUE TO	(OR AS A CO	ONSEQUENCE OF):								
DART II Other election	and non-dista		4 -45 5 4					1				
PART II. Other significa	int condition	THE CONTRIBUTING TO	death but	not resulting i	n the un	ideriyin	g cause given in	Part I.	24a. WAS AN PERFOI 1 TYES	RMED?	CO OF	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
						~-					11	YES 2 NO
25. WAS CASE REFERRED T	O MEDICAL	T				26 01	LACE OF DEATH (C	hank ank a				
EXAMINER?		HOSPITAL:	EB/Outpati	2 7 704	OTHER	a :						
27. MANNER OF DEATH		28e. DATE OF		28b. TIME			ne 5 Residence		CRIBE HOW	NUMBY OC	CHRED	
1 Netural 8 2 Accident	Pending Investigation	(Month, D		INJ	M	WC	YES 2 NO	2011.02.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0011120	
	Could not be determined	28e. PLACE C building,	F INJURY — etc. (Specify)	At home, farm, s	treet, fact	lory, offic	•		ATION (Street or Town, State		r or Rural Rout	le Number,
		BICIAN: To the best of ER: On the basis of e										nd manner ee stated.
296. SIGNATURE AND TITLE							29c. LICENSE NU					lonth, Dav. Year)
Shile	8		n)]				52734		10)	•		Feb 90
D. E. I		LCDR, MO			Print)	NAT BET	IONAL NA HESDA, N	VAL 1	MEDICA	L CEN		
31. DATE FILED (Month, Par	1990	32 MEGISTA	M'S SIGNATU	- Gandess			-					

me hospital or attending physician. AND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

In the tached for use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may require that the third property filed in by the funeral direction page. To THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction page. State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE

TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR				CERTIFI	CATE	OF	DEATH	R	EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) HELEN K. BROOKS						2. DAT			DAY	3. TIME OF DEATH 9:18 A. M	
4. SOCIAL BECURITY NUM		5. SEX		ra. last birthday)	IF UNDER 1	ME 4 0	IF UNDER 24 HRS.	7. DATE OF B		.990	HPLACE (State or Foreign
220-12-5706	3 YRS.	· · · · · · · · · · · · · · · · · · ·	DAYS	HOURS MIN.	(Month, Day 8/14	y, Year)	Count	aryland			
9e. FACILITY NAME (If not it	nstitution, give s	street end number)			9b. CITY, T	OWN O	R LOCATION OF DE	EATH	9c. C0	UNTY OF	DEATH
7952 Lake	7952 Lake Crest Drive						enbelt		Pr	ince	George's
10e. STATE	10b. COUNT	Y		10c, CITY	TOWN OR	LOCAT	ION				10d. INSIDE CITY
Maryland		nce Georg	es				nbelt				1 TYES 2XXNO
10e. STREET AND NUMBER						101.	ZIP CODE		10g. C	TIZEN OF	WHAT COUNTRY?
7952 Lake	e Cres						20770			U.S	
11. MARITAL STATUS 1 Never Married 2 3 X Widowed 4 Dive		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES :	2 NO	H 5	yes, spe	ENDENT OF HISPAN edify Cuben, Maxice 2 X NO Specifi	n, Puarto Ricar		14. RAC Blac Spec	
42.054	CEDENT'S EDU	1	1		1			1		1	White
(Specify on	ly highest grade		10	(Give kind of w life. Do NOT use	ork done du			16b. KIN	O OF BUSINESS/II	ADUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		,	-3 E	_				
8th grade				П	lousev	N T T (
17. FATHER'S NAME (First, A							18. MOTHER'S NA		a, Meiden Surneme, Lures	1	
19a. INFORMANT'S NAME (405 14311 010	4000500		nd Number or Rural				
Mr. William		rooks, Jr					Crest Dr		reenbelt		20770
20a. METHOD OF DISPOSIT	TION		20b. Pi	LACE OF DISPOS	ITION (Nem	e of cen	netery, cremetory or		20c. LOCATION	- City or T	own, State
4 Donation 5 Other	r (Specify)			Woodlaw	_				Woodlav	m, M	laryland
21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE	D				o ADDRESS OF FA		1 Direct	ors.	Inc.
Stept	ron /	n Jan	BA				Liberty				
23. PART i. Enter the dahock, or himmediate Cause (Findisease or condition resulting in death)	esrt fallure.	complications that List only one cause a. Acute	se on each	ine.			de of dylng, suc	h as cardiac	or reapiretory	irrest,	Approximate interval Between Onset and Death
		DUE TO	OR AS A CO	ONSEQUENCE OF):						
Sequentially list condit				cardial		ease	9.				
If eny, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju-	ING	C.									
that initiated events resulting in death) LAS		DUE TO	OR AS A CO	ONSEQUENCE OF	7:						
Tooding in death, Exc		d									
PART il. Other signific	ent condition	ns contributing to	desth but	not resulting i	n the und	erivin	ceuse given in	Part I. 24	. WAS AN AUTOPS	y 24	b. WERE AUTOPSY FINDINGS
None									PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
							- 1		_ 120 2 20 110		OF DEATH?
		_									
25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL						ACE OF DEATH (Ch	neck only one)			
1) YES 2 NO		HOSPITAL:	ER/Outpati	ent 3 🗆 DOA	OTHER:	ng Hom	e 5 Residence	6 Other (Sp	pecify)		
27. MANNER OF DEATH	Pending	28e. DATE OF (Month, De		28b. TIMI INJ		WO	URY AT PRK? YES 2 NO	28d. DESCRI	BE HOW INJURY (CCURED	
2 Accident	Investigation	28e. PLACE O	F INJURY —	At home, ferm, s	treet, factor			28f. LOCATIO	N (Street and Num	ber or Rural	Route Number
4 Homicide	Could not be determined	building,	etc. (Specify)					City or To	own, State)		
29a. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best of	my knowled	ge, death occum	d at the fire	ne, date	end place, and due	to the causele) end menner ee	stated.	
one)											(e) and menner as stated.
296. SIGNATURE AND TITLE	E OF CENTIFIE	Deputy	Medi	cal Exa	miner	0	29c. LICENSE NU	MBER	29d. D	ATE SIGNE	D (Month, Day, Year)
Sotte	1	1160	900	es 7	1. >	-	D0997	5		3/7/	90
36. NAME AND ADDRESS O				/							
	gers.	M.D. 191	9 Sem	inary R	load.	Si.	lver Spr	ing, M	D 20910)	
31. DATE FILED Month, Day,	81990	Sulie	Davidson	N-Randall	٤						

. F 1 21 19 30 2 23 5 9

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending the signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by use the state begin of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MA			E OF DE			. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) Edna A.	Bowen	Ces				2. DATE OF DEA	TH DAY 9	YEAR 3. TH	ME OF DEATH				
	4. SOCIAL SECURITY NUMBER 214-40-5506	5. SEX 8.	AGE (In yrs. lest birt	thday) IF UNDER	DAYS HOUR	DER 24 HRS.	7. DATE OF BIRT (Month, Day, N		Country)	E (State or Foreign Maryland				
NC.	9e. FACILITY NAME (If not institution, give str Balto. Co. Genera				v, TOWN OR LOC			9c. COUNTY OF DEATH Baltimore						
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10	De. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS?						
	Maryland Ba	altimore			10f, ZIP C	DDE		10g. CITIZEN OF WHAT COUNTRY?						
FUNERAL	3904 Fordleigh B				2121	United States								
Β	11. MARITAL STATUS 1 Merried 2 Merried 3 Widowed 4 Divorced	EVER IN U.S. ARMED YES 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Year or No. 14. RACE - Am											
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondery (0-12)		(Give ki	NOT use retired.)	during most of wo			OF BUSINESS/IND	JSTRY					
OMI	17. FATNER'S NAME (First, Middle, Last)						ME (First, Middle, A	Asiden Surneme)						
BE (Henry W. Bowen 19e. INFORMANT'S NAME (Type/Print)		105.44	All MIC ADDRES	Of Charles and Mary		a Belle		Condo					
5	Mrs. Mildred Purk	key					1timore		.227					
	20e. METNOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Remo	oval from State	20b. PLACE OF I		ame of cometers, o		20c. LOCATION — City or Town, State							
	21. SIGNATURE OF PUNEBAL BERVIOL LIC	ENSEE A	entren		21. SIGNATURE OF FUNEBAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LOTing Byers Funeral Home									
-	8728 Liberty Road Randallstown, MD 21133													
	23. PART I. Enter the diseases, or c	omplications that of	caused the death.							Approximate				
	shock, or heart fallure. I IMMEDIATE CAUSE (Final disease or condition	List only one cause	on each line.	. Do not enta	r the mode of	dying, suc	ch as cardiac or	respiretory arm						
	shock, or heart failure. I	n. Oue To (o	on each lina.	Do not enta	r the mode of	dying, suc	th as cardiac or	respiretory arm	not,	Approximata Interval Between				
ATION	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition recuiting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	a. OUE TO (O	on each lina.	LOS NOT OFFE	201A	dying, suc	NFARC	respiretory arm	not,	Approximata Interval Between				
ERTIFICATION	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (O	on each lina. As a consequent	Do not enta 40 CAT. NOTE OF): LOSSELL SMALL	r the mode of	dying, suc	NFARC	respiretory arm	not,	Approximata Interval Between				
ICAL CERTIFICATION	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (O	PAS A CONSEQUEI	NOE OF): SMAIN NOE OF): MOE OF): MOE OF): MOE OF): MOE OF):	c Caro	dying, such the such that the	NFARCO	TION DISEASE MAS AN AUTOPSY ERFORMED?	24b. WER AWAII COMI	Approximate Interval Between Onset and Death BE AUTOPSY FINDINGS LABLE PRIOR TO PUETTION OF CAUSE				
MEDICAL	shock, or heart failure. If IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (O	PAS A CONSEQUEI	NOE OF): SMAIN NOE OF): MOE OF): MOE OF): MOE OF): MOE OF):	c Caro	dying, such the such that the	NFARCO	TION Disease	24b. WER AMIL COMO OF 0	Approximate Interval Between Onset and Death Death E AUTOPSY FINDINGS LABLE PRIOR TO				
MEDICAL	shock, or heart failure. If IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	a. OUE TO (O DUE TO (O	PAS A CONSEQUEI	Do not enta UP CAN NOTE OF): LOSSE NOTE OF): MOTE OF): Mote OF): Multing in the u	20, Ac Caro Sy inderlying ceus	dying, such	NFARCO	TION DISEASE MAS AN AUTOPSY ERFORMED?	24b. WER AMIL COMO OF 0	Approximate Interval Between Onset and Death Death E AUTOPSY FINDINGS LABLE PRIOR TO PUETION OF CAUSE DEATH?				
MEDICAL	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (O	AS A CONSEQUEINAS A C	Do not enta YOCAT NCE OF): SMAIN NCE OF): Milting in the u	Caro Sylinderiying ceus 28. PLACE 0	dying, suc	Part I. 24a. W P 1 U V P P P P P P P P P P P P P P P P P P	Disease MAS AN AUTOPSY ERFORMED? YES 2 NO	24b. WER-AMILICOM OF 0	Approximate Interval Between Onset and Death Death E AUTOPSY FINDINGS LABLE PRIOR TO PUETION OF CAUSE DEATH?				
PHYSICIAN: MEDICAL	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition.	a. OUE TO (O DUE TO (e on each line. If As A CONSCOUE IF AS A CONSCOUE AS C	DOA OTHE DOA OF INJURY	28. PLACE O 28. PLACE O 28. PLACE O 28. INJURY A WORK? 1 YES	dying, such	Part I. 24e. W P P 1 Check only one) 8 Other (Special 28d. OESCRIBE	DISEASE MAS AN AUTOPSY ERFORMED? YES 2 NO	24b. WER AMAIL COM OF D	Approximate Interval Between Onset and Death E AUTOPSY FINDINGS LABLE PRIOR TO PRETION OF CAUSE DEATH? YES 2 \(\subseteq \text{ NO} \)				
ED BY PHYSICIAN: MEDICAL	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	a. OUE TO (O DUE TO (e on each line. AS A CONSCOUE AS A	DOA OTHE DOA OF INJURY	28. PLACE O 28. PLACE O 28. PLACE O 28. INJURY A WORK? 1 YES	dying, such	Part I. 24e. W P P 1 Check only one) 8 Other (Special 28d. OESCRIBE	DESEASE WAS AN AUTOPSY ERFORMED? YES 2 NO	24b. WER AMAIL COM OF D	Approximate Interval Between Onset and Death E AUTOPSY FINDINGS LABLE PRIOR TO PRETION OF CAUSE DEATH? YES 2 \(\subseteq \text{ NO} \)				
ED BY PHYSICIAN: MEDICAL	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PNYSI	A CONTRIBUTION OF SERVICE OF Building, et	e on each line. If AS A CONSCOUE IF AS A CONSCOUE DO NOT ENTARE OF INJURY M JOAN STREET, STREET	28. PLACE O ER: 28. PLACE O ER: 28. NJURY A WORK? 1 YES ctory, offica	dying, suc	Part I. 24e. W P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DISEASE MS AN AUTOPSY ERFORMED? YES 2 NO (Street end Number, Street)	24b. WER AWAII COM OF 0 1	Approximate Interval Between Onset and Death BE AUTOPSY FINDINGS LABLE PRIOR TO PRETION OF CAUSE DEATH? YES 2 NO					
BY PHYSICIAN: MEDICAL	shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PNYSI	DUE TO (O DUE TO	e on each line. AR AS A CONSEQUEI PR AS A CONSEQU	DOA OTHE DOA A INTERPRETED IN THE OF INJURY M. ferm, street, factorized at the astigation, in my	28. PLACE O	dying, suc	Part I. 24a. W P P P P P P P P P P P P P P P P P P	DISEASE MAS AN AUTOPSY ERFORMED? Ty) NOW INJURY OCC (Street end Number, Street) and menner as state ace, and due to the	24b. WER AWAII COM OF 0 1	Approximate Interval Between Onset and Death BE AUTOPSY FINDINGS LABLE PRIOR TO PUETION OF CAUSE DEATH? VES 2 NO Number,				

DIVISION OF VITAL RECORDS, P.O. BOX 13146,		BALTIMORE, WARYLAND 21203-3146	AND-21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained the executed within	cuted within Jours after	death. Page 6 may be retained to	the houghtst or attending physic
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be interested for the burial physician of removal	d completely filled in by the	e funeral director, page 5 should	deficient for use as the burial
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at direct	ilc event, the medical	examiner must be notified	

REGISTRAR CERTIFICATE OF DEATH REG. NO.										
1. DECEDENT'S NAME (First, Middle, Last)	V. Bes	iter			edito.	MY YE	3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 714-10-9520	5. SEX 8. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.1	BIRTHPLACE (State or Foreign Country)			
9a. FACILITY NAME (If not institution, give a NATIONAL LUTH)				OR LOCATION OF DE		9c. COUNTY				
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		I de la constant								
MARYLAND MON	TGOMERY C		0. SILVER SPRI				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
1001 - SPRING	STREET		101	2091 ()		U.S.A.			
11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 — YES IF YES, GIVE WAR OR	S 2 NO	If yes, ap		IIC ORIGIN? (Specify Yen, Puarto Rican, etc.)	n or No— 14.	RACE — American Indian, Black, White, atc. Specify: WHITE			
(Specify only highest grade Elementary/Secondary (0-12)			WAL OCCUPATION do not do not do not during month de not during month de not de	ON oat of working	16b. KIND OF BU					
12		CLERK					AVAILABLE			
17. FATHER'S NAME (First, Middle, Lest) GEORGE W. I	BAXTER				HER'S NAME (First, Middle, Melden Surname) RHODA E. VANDERBILT					
196. INFORMANT'S NAME (Type/Print) REV.DR.REICHAI	RD				Route Number, City or To					
20a. METHOD OF DISPOSITION 1 Description March Description Descri	noval from State	ob. PLACE OF DISPOSITE other place) FORT LING	9701-VEIRS DR., ROCKVILLE, MD. 2085 PLACE OF DISPOSITION (Name of cemetery, cremetory or OTHER PLACE) ORT LINCOLN CEMETERY BRENTWOOD,							
21. SIGNATURE OF FUNERAL SERVICE L		^	22. NAME A	ND ADDRESS OF FA	CILITY					
disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury best instructed exempts) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):										
that initiated events reculting in death) LAST	d	A CONSEQUENCE OF):								
PART II. Other significant condition	ns contributing to death	but not reaulting in	the underlyin	g ceues given in	In Part I. 24s. WAS AN AUTOPS PERFORMED? 1 ☐ YES 2 ऒ NO		24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
					-	1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 140	HOSPITAL:	utpatient 3 DOA 4	THEB	LACE OF DEATH (Ch						
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28s. DATE OF INJUR (Month, Day, Year	Y 28b. TIME (OF 28c. IN.	JURY AT DRK? YES 2 NO	26d. DESCRIBE HOW	INJURY OCCUR	IED			
2 Accident 3 Suicide a Could not be datarmined	28s. PLACE OF INJU- building, atc. (S)	RY — At home, farm, atnoecify)	et, factory, offic	ce .	2at. LOCATION (Street City or Town, State	Rural Route Number,				
onel	BICIAN: To the best of my kno						ause(a) and menner as stated.			
29b. SIGNATURE AND TITLE OF CENTIFIE		-0		29c. LICENSE NUI	MBER	29d. DATE SI	IGNED (Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type. P	rint)	016458	7	MA	ec+ 7,1990)			
DR. THOMAS E.	DOOLEY-	9701-VEII		, ROCKVI	ILLE, MD.					
MAR 08 1990	A TENSTRATION	GIVA LUHE								

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be min	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 at	pe	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not

	FOR STATE REGISTRAR	STATE OF !	MARYLAND /		RTMENT ICATE					YGIEN EG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF I	DEATH	ν	YEAR	3. TIME OF DEATH
9	BERNARD	BROV	WN_						MARC		1990		04:52 p M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE OF E	HRTH V. Mari		6. BIRTH	PLACE (State or Foreign
	212-48-0130	1 ²⁰ M 2 □ F	43	YRS.	MONTHS	DAYS	HOURS	MAIN.	(Month, De	-46		MI	•
	9a. FACILITY NAME (If not institution, give st	treet and number)			9b. CITY	, TOWN C	R LOCATI	ON OF DE	ATH		9c. COU	NTY OF DE	
OR	THE JOHNS HOPK	INS HOSP	ITAL		B/	ALTI	MORE	CIT	Y BALTIMO			TIMOF	RE CITY
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			100 017	Y, TOWN C							1	10d. INSIDE CITY
DIRECTOR	MD				LTIM			TY					LIMITS?
M	10e. STREET AND NUMBER		10f. ZIP CODE				10g. CITIZEN OF						
FUNERAL	1628 30th STE	REET			21218				UŞ			UŞA	
5	11. MARITAL STATUS	MED	13. WAS DECENDENT OF HISPANI If yes, specify Cuban, Mexican							14, RACE Black	American Indien, White, stc.		
В	1 Never Married 2000 Married 3 Wildowed 4 Divorced	IF YES, GIVE	NAR OR DATES		If yes, specify Cuben, Mexican 1 YES 2 YNO Specify:				chr. Specific			BLACK	
ED	15. DECEDENT'S EDUI (Specify only highest grade	CATION completed)	18a. DE	CEDENT'S	S USUAL OCCUPATION				16b. KIND OF BUSINESS/INDUSTRY				
E	Elementery/Secondary (0-12)	College (1-4 or 5	+) life	. Do NOT u	of work done during most of working use retired.)								
MP	11th Grade		UNE	EMPL	OYEI)			NA				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						- COL		ME (First, Middle	e, Maiden			
BE (.HARRY BRO	OWN		<u>.</u>			RH	ODA			FI	TZGE	ERALD
10	19a, INFORMANT'S NAME (Type/Print)									ite Number, City or Town, State, Zip Code)			
-	CAROL BROWL			1618	EAS	ST 2	28th	ST	REET/.	BAL'I	'IMO	RE_{\bullet}	MD 21218
	20s_METHOD OF DISPOSITION	oval from Stete	20b. PLACE other pl	ace)	SITION (NE RE						CATION —		wn, State MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME A	ND ADDRE	SS OF FA	CILITY				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C. MARCH F.H. 1101 E. NORTH AVE.												
					not enter	the mo	de of dy	ing, auc	h ee cerdlec	or reep	ratory er	rest,	Approximete interval Between
	23. PART I. Enter the diseeses, or complications that caused the deeth. Do not enter the mode of dying, such se cerdisc or respiratory errest, shock, or heart feilure. Liet only one cause on each line. IMMEDIATE CAUSE (Final diseese or condition resulting in death)										Onset and Death		
	Trocking in acciti,	DUE TO	MONA	QUENCE C)F)·								3 1000
O	Sequentially list conditions,	b. DUE TO	OF AS A CONSE	OUENCE C	E:	LEIV	1						7013
ATI	if sny, lesding to immediate cause. Enter UNDERLYING	PA	PUMOM.		,,								10 10
FI	CAUSE (Diseese or injury that initieted events	6.	OR AS A CONSE	OUENCE C									
CERTIFICATION	resulting in death) LAST	d. CBX	EBROVA	BCU	LAR	H	α 1 Δ	8717					1 MONITE
اب	PART II. Other algnificant condition	es contributing to	death but not	resulting	in tha u	nderlyln	g cause	given in		YES 2		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME									_ [1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					00 D	1.405.05.4	DE ATH 401					
PHYSICIAN: MEDICA	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	B 🗆 DOA	OTHE	R:			6 Other (S	pecify)			
	27, MANNER OF DEATH 1 Natural 5 Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. TII	ME OF	W	JURY AT DRK?	¬	28d. DEŞCRI	BE HOW	NJURY OC	CURED	
ВУ	2 Accident Investigation	28a PLACE	OF INJURY — At he	ome form	street for		YES 2	NO	284 LOCATIO	M /Stmat	and Mumba	e oe Rumi i	Route Number,
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	building	, etc. (Specify)	ome, 141111,	etreat, rec	acory, onto			City or T	own, State;	end reunibe	or mureir r	oute number,
E	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	of my knowledge. d	eath occur	red at the	tima, det	and plac	e, and due	to the cause/	and ma	nner ea sta	ited.	
ME	Check only		0) and manner as stated.
	29b, SIGNATURILAND TITLE OF CERTIFIE	- /1	/ // A					ENSE NU				TE SIGNED	
BE	Mura Va /	N	MI				29C. LIC	ENGE NU	mdEN		29d. DA	12/	15/90
9	30, NAME AND ADDRESS OF PERSON WI	O COMPLETED CAL	ISE OF DEATH (ITE	M 27) (Bro	e Orint)	-						03/0	/ 10

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CROWWELL GOO N. WOLFE

31. DATE FILED (Month, Day, Year) MAR 08 1990

MARYLAND 21203-3146

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the last	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical arm
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31. DATE FILED (MORITIN, Day, Year)
MAR 08 1990

32. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE DF N		DEPAR ERTIF					MENTAL HYGIE REG. N			
	1. DECEDENT'S NAME (First, Middle, Last)	MADEI	INE M. H	3ELT					2. DATE OF DEATH MARCH 4,	°¶990	YEAR	3. TIME OF DEATN
		5. SEX	8. AGE (In yrs. les 72	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-7-19	.7	8. BIRTH Country	PLACE (State or Foreign y) RYLAND
OR	90. FACILITY NAME (If not institution, give stre ST. AGNES HOSPITAL	,			9b. CITY,		R LOCATIONS			1	BALTT	
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY MARYLAND BAI	LTIMORE		10c, CIT							10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	10e. STREET AND NUMBER 3414 MCSHANE WAY					101.	ZIP CODE		.222	10g. CIT		/HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES WAR OR DATES				If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ YES 2X NO Specify: Specify:					: — American Indien, t, While, etc. ty: WHITE		
COMPLETED	(Specify only highest grade completed)				CEDENT'S USUAL OCCUPATION ve kind of work done during most of working Do NOT use retired.) WATTRESS				16b. KIND OF 8	usiness/in HUTZLI		
BE CON	17. FATNER'S NAME (First, Middle, Last) JOHN O. HUFNAGEL								ME (First, Middle, Maide BETH WACH			
170	19a, INFORMANT'S NAME (Type/Print) MARY MONROE		100.00	6. MAILING 1120					Noute Number, City or R			21227
	20e. METHOD OF DISPOSITION 1V Suriel 2 Cremation 3 Removal from State other pla				DISPOSITION (Name of cometery, cremetory or) HEART OF JESUS CEM 3-8-90 BALTIMORE, MARYLAND							
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE P. J	arch		22. NAME AND ADDRESS OF FACILITY DUDA-RUCK FUNERAL HOME OF DUNDALK, INC.							
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 21222 Approximatintarval Belline.										Approximate Interval Between Onset and Daeth	
CERTIFICATION												
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions	contributing to	death but not a	resulting	In the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO				24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN		HOSPITAL:	☐ ER/Outpatient 3	3 □ DOA	OTHE!	R:			eck only one) 6 Other (Specify)			
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE Of (Month, L	F INJURY	28b. T#		28c. INJ WO			28d. DESCRIBE HOV	V INJURY O	CCURED	
	3 Suicide 6 Could not be 4 Nomicide determined		OF INJURY — At he , etc. (Specify)	me, farm,	street, fac	tory, offic	•		261. LOCATION (Stree City or Town, Ste		er or Rural I	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER											e) end manner ee stated.
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIER	Sajada	MD					895		29d. DA	TE SIONED	(Month, Day, Year)

BALTO. MD. 21231

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5	PHYS	this c
DIVISION OF VITAL RECORDS, F.O. BOA 13148,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hor	FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled
2	HOSPITAL C	FUNERAL D

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the human director part is should be detached for use as the burial-transit permit. Pages 1, 2, 3 si	The TO BE COMPLETED BY FUNERAL DIRECTOR	IMPDRIANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furner director part is should be detached for use as the burial-transit permit. Pages 1, 2, 3 signers after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	examiner must be notified at once.	if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	hine a director pair 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	4. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by t 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo

1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTM			MENTAL	HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest) KATHLEEN	М.	, ř	BIDDIN	GER	2. DATE O	ch 5,1	990	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 213-16-1919	1 □ M 2 ⋈ F 7	4 YRS.	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		F BURTH Day, Year) 3(), 1	915 V	BIRTHPLACE (State or Foreign Country) V. Virginia
98. FACILITY NAME (If not institution, give a 3765 Ravenwood RESIDENCE OF DECEDENT				re City	EATH		9c. COUNTY	OF DEATH
10a. STATE 10b. COUNT	1		own on Locat					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER 3765 Ravenwood	Ave.			ZIP CODE 21213			-	S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 X NO	If yes, spe	ENDENT OF HISPAP Icity Cuban, Mexica 2 X NO Specify	n, Puerto Ri	(Specify Yes ican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	Ba. DECEDENT'S USU (Give land of work Ma. Do NOT use re HOUSEW if	done during moi tired.)	N st of working	16b.	KIND OF BUS	NESS/INDUS	TRY
17. FATHER'S NAME (First, Middle, Last) Charles L.	Kolb			18. MOTHER'S NA		iddle, Maiden S	lumame)	Kaylor
198. INFORMANT'S NAME (Type/Print) Mr. Ray F. Biddin			ORESS (Street a	nd Number or Flural		er, City or Town	, State, Zip Co	
20a. METHOD OF DISPOSITION 1 [X] Burlal 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State 03	LACE OF DISPOSITION (THE PROCES) IK Lawn C	em. 3,	/8/90			timor	e Md.
21. SIGNATURE OF FUNERAL SERVICE LI	tooch O	rtsock,Jr.	Leor		Ruck,	Inc.	5305	Md. 21214 Harford Rd.
23. PART I. Enter the diseases, or ehock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition recuiting in death) Sequentielly liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	b. DUE TO (OR AS A C	onsequence of:	Stive	loas-	fn 1	line	atory arrest	Approximate interval Between Oper and Death
PART II. Other significant condition	e contributing to death but	not resulting in t	the underlying	j cause given in	Part I.	24a. WAS AN A PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED 19 SEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (C	neck only one)		
1 TYES 27. MANNER O DEATH	1 Inpetient 2 ER/Outpeti	ent 3 DOA 4		URY AT		(Specify)	LJURY OCCU	RÉD
1	28e. PLACE OF INJURY — building, etc. (Specify	- At home, farm, stre	M 1 🗆 '	ES 2 NO		ATION (Street a	nd Number or	Rural Route Number,
CONSCR OTHY	ICIAN: To the best of my knowled					A THE PERSON		
29b. SIGNATURE AND THE CONTINUE	3 116)		29c. LICENSE NU	MBER 21	89	29d. DATE 8	TOPO DIE VEST
Stuart B. Bell,	M.D. 3501	St. Paul	-					
31. DATE FILED (Month, Day, Year) MAR 08 1990	32. REGISTRAR'S SIGNAT		<u> </u>					

J.

3. TIME OF DEATH

12:45

P .M

		4. SOCIAL SECURITY NUMBER 218-28-0441		5. SEX 1 M 2 💢 F	6. AGE (In	yrs. lest i	birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Month	о г вінтн 125–189	98	Germa	CE (State or Foreign
3 should	H.	98. FACILITY NAME (If not institute Manor Care R	_	-						Ville	ON OF DEA	ATH			Y OF DEAT	
. 2	1 25	RESIDENCE OF DECED	ENT	110										1		
. Pages	DIRECTOR	Maryland 10b	. COUNTY					r, town	DR LOCAT	TON						1. INSIDE CITY LIMITS? (1) YES 2 (1) NO
ermit	AL	10e. STREET AND NUMBER							101	. ZIP CODE	E			10g. CITIZE	N OF WHA	COUNTRY?
nsit p	ER,	2816 Clearvie	w Ave	2.				21234					U.S.	Α.		
21203-3146 Tal or attending physician. for use as the burial-transit permit. Pages	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Marr 3 X Widowed 4 Divorced	led	12. WAS DECEDED FDRCES? IF YES, GIVE 1	. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 (X) NO IF YES, GIVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specifi yes, specify Cuban, Maxican, Puerto Rican, at 1 YES 2 NO Specify: 1. YES 2 NO Specify:					s or No 1	American Indian, hita, etc.	
attendase as	ETED	15. DECEDER (Specify only high	IT'S EDUCA	ATION completed)		16a. DEC	EDENT'S	USUAL C	CCUPATIO	ON at of workin	207	16b	. KIND OF BU	SINESS/INDU	STRY	
21 for	7	Elementary/Secondary (0-12) 8 YYS.		College (1-4 or 5	+)	Illo. L	emak	ie retired.)								
LAND by the hospit be detached	Š	17. FATHER'S NAME (First, Middle,	Lest)							18. MOTI-	HER'S NAM	AE (First,	Middle, Maiden	Surname)		
	i iii	Theodore	Kau	ıfeld						Ca	ther	ine	Pri	usse		
MARYLAND be retained by the hosp ge 5 should be detached	TO B	19a. INFORMANT'S NAME (Type/F	-			- 17							ber, City or Tow		Code)	
M be re	-	George K. Sch										to.,	Md. 2			
TOPHE		20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 4 Donation 5 Other (Spe	Cify)	val from State		other plac	ce)			netery, crem	3-7-	90		cation — ci		State
		21. SIGNATURE OF FUNERAL SE	RVICE LICE	INSEE	_						SS OF FAC					
			Roy H. Cather Roy H. Cather Leonard J. Ruck, Inc., 5305 Harford Rd., Balto., Md. 21214													
hours after d in by th or remove		23. PART I. Enter the disea	sea, or co	omplications the	ations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, by one cause on each line.							Approximate Interval Between				
		IMMEDIATE CAUSE (Finel	idiule, L	iat only one car				. 0			11-		,	7		Onset and Death
S, within 24 inpletely fille cremation.		disease or condition resulting in deeth)	•		A therosclerote Vascularde					iseau	7 .					
4 B P F				DUE TO	O (OR AS A	CONSEQ	UENCE O	F):								
b. C. BOX 131 n certificate be execut ending physician and coll Hygiene prior to buring	CERTIFICATION	Sequentielly list conditions, If any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):														
BOX ficate be physician ne prior t	<u>S</u>	ceuse. Enter UNDERLYING CAUSE (Diseese or injury	< c													
O. BO. certificate nding physical Hygiene pri	H.	that initieted events resulting in deeth) LAST	1	DUE TO	O (OR AS A	CONSEQ	JENCE O	F):								
			d.													
RECORDS, Frequires that the dear signed by the att of Health and Merita shows any injury.	EDICAL	PART II. Other significant	A		o death bu	it not re	suiting	in the u	nderlyin	g cause (given in i	Part I.	24a, WAS AN PERFO		AW	RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION OF CAUSE
CORDS puires that the signed by to Health and I	ă	Demer	2/4)					-			_	1 TYES	2 NO	OF	DEATH?
RECORDS v requires that the been signed by the t, of Health and M change any fall	Σ	_ culus.	rnu	<u> </u>								—			1	YES 2 ND
Las las	SIAN:	25. WAS CASE REFERRED TO MI	DICAL						/ 26. PI	LACE OF D	EATH (Che	ck only o	ne)		1	
	HYSIC	EXAMINER? 1 YES 2 NO		HOSPITAL:	☐ ER/Outpo	itlent 3 (□ DOA	OTHE 4 W Nu		ne 5 🗆 Re	esidence (6 🗆 Othe	er (Specify)			
OF VIT		27, MANNER OF DEATH		28a, DATE O	F INJURY Day, Year)		28b. TIN	IE OF	28c. INJ W0	URY AT		28d. DE	SCRIBE HOW	INJURY OCCI	JRED	
ON OF DING PHYS death with	BY	1 Natural 5 Pend 2 Accident Inve	iing digation					М		YES 2	□ ND					
TTENDI TOR: A after de		3 Suicide 6 Cou 4 Homicide dete	d not be mined	28e. PLACE building	OF INJURY I, etc. (Speci	At hon	ne, farm,	street, fac	tory, offic	•			CATION (Street or Town, State		or Rural Rout	e Number,
DIV DIRECTOR A	PLET	29a. CERTIFIER (Check only	ND PHYSIC	IAN: To the best o	of my knowle	edge, des	th occur	ed at the	time, date	and place	, and dua	to the ca	ruse(a) and me	nner as state	d,	
E 42 =	- 5	200														nd menner as stated.
TO THE HOSPI TO THE FUNER be filed within	Ü	29b. SIGNATURE AND TITLE DF	CERTIFIER	X	H.						ENSE NUM			29d. DATE	SIGNED (M	onth, Day, Year)
THE Se fled	0 8			00	wz					1) 5	226	5 2	し.	• 3	अ.	30.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STATE THE STATE SIGNATURE LANGE

S. Srinivas, M.D.

08 1990

5601 Loch Raven Blvd., Balto., Md. 21239

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF DEATH

3-5-1990"

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

S.

BALASUS

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DHMH-16 Rev 1/89

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3. TIME OF DEATH

REG. NO

2. DATE OF DEATN

FOR

1 -

STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)

page

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	uted	f com
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	IE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	r First Day Property. Age, this and Gaste has been sized by the appending observing and completely filled in
	ш	L

8 40pm MONTH 3 ANNA CLARK YEAR 90 7. DATE OF BIRTN (Month, Day, Year) 4 SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. BIRTHPLACE (State Country) DAYS 217-05-4492 SOUTH CAROLINA Bon Secour Hospital
RESIDENCE OF DECEDENT

100. STATE 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH 20000 DIRECTOR Bull Imorest Baltimore N/A 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BALTIMORE MARYLAND N/A NX YES 2 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21223 USA 2540 WEST FRANKLIN STREET 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No 14. RACE — American Indian, Black, White, stc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried BY Specify: Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) et of working Elementary/Secondery (0-12) College (1-4 or 5 +) HOUSEWIFE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) DAVID HILTON LOUISE JOHNSON BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 2540 WEST FRANKLIN STREET (21223) CAROLYN ANN MYERS pe 20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION -- City or Town, State 200. METHOD OF DISPOSITION

VCKBurial 2 □ Cremation 3 □ Ramoval from Stata

4 □ Donation 5 □ Other (Specify) must MARYLAND NATIONAL MEM. PARK LAUREL, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY P.O. BOX 4433 (21223) BROWN/THOMPSON F.H. 23. PART I. Enter the diseases, or complications the caused tha death. Do not enter the mode of dying, such as cardiac or respiratory errest, removal. medical shock, or haart failure. List only one cause on each line. Interval Batween 6 Onset and Daeth IMMEDIATE CAUSE (Final CARDIOPULLEROSTAR, ARREST DUE TO (OR AS A CONSEQUENCE OF): ARRY THUIS the disease or condition TO THE HOSPITAL OR ALLENDANCE After this certificate has been signed by the attending procuran and TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending procuran but fill be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriel, remark the fillem 28 is marked, or filem 23 shows any injury, or other traumatic event, i IMPORTANT: if item 28 is marked, or filem 23 shows any injury, or other traumatic event, i IMPORTANT: if item 28 is marked, or filem 23 shows any injury, or other traumatic event, in the file of the fi resulting in death) Sequantially list conditions, BLT Serfice CHRDIOVACUE (ALDISES) If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINOINGS PERFORMED? AMAIL ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATN (Check only one) HOSPITAL: 1 YES 2 THO 1 Inputient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be 4 Nomicide determined 29e. CERTIFIER t CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 24 Ces 0 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 5000 A lhuste oraliant 21228 AJD: 13 31. DATE FILE MAR O 32. HEGISTRAR'S SIGNATURE

Acade 12

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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4			O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directly payment on the first permit. Pages 1, 2, 3 should select the directly with the State Dept of Health and Merial Hyblene prior to build, cremation, or removal.	ì
			Pages 1,	
			it permit.	
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	03-314	rttending p	e as the b	
	D 212	Spital or a	hed for us	mil.
	BALTIMORE MARYLAND 21203-3146	y the ho	be detac	at once
	N. C.		5	Ě
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	ALTIM	death. Pag	funeral di	examiner
4	B	ours after	s certificate has been signed by the attending physician and completely filled in by the fath the State Bent of Health and Mental Hydiene prior to build. Cremation, or removal.	medicai
	<u>.</u>	ntthin 24 n	Hetely fillec	ant, the
	13146	executed v	and comp	matic ev
	BOX	ifficate be	physician	ther trau
	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	death cert	ental Hvoi	ITY, Or O
	ORDS	s that the	med by the	any inju
	REC(w require	s been sig	3 shows
	VITAL	AN: The la	tificate has	r item 2
	N OF	G PHYSICI	er this cer	narked, c
	/ISIO	ATTENDIN	ECTOR: Aft	1 28 is m
	D	PITAL OR	ERAL DIR	T: If iten
		TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page (Asy or minimance) by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be not an once.
		P	F 2	-

TO BE COMPLETED BY FUNERAL DIRECTOR

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H			HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last	M. Charpir	79 Jean	M. Charp	ing.	2. DATE OF MONTH	DEATN DAY	YEAR 90	
	4. SOCIAL SECURITY NUMBER 203–20–7294	//	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. NOURS MIN.	7. DATE OF (Month, D)	ay, Year)	8. Birr Cou	TNPLACE (State or Foreign ntry) Pa.
TOR	9a. FACILITY NAME (If not institution, give ST JOSEPH HO RESIDENCE OF DECEDENT			96. CITY, TOWN O	R LOCATION OF DE	ATH		BALT	TIMORE
DIRECTOR	10a. STATE 10b. COUN	Baltimore	10c. CITY	, town or Locat Dundal					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 2116 Cameron Dr.		_		ZIP CODE 2/222		10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO						CE — American Indian, ack, Whita, etc. ectly: White
COMPLETED	15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of wo life. Do NOT use life. Do NOT use Wait				k done during most of working retired.)			
	17. FATHER'S NAME (First, Middle, Last) Richard Mabi	14	wax	viess	18. MOTHER'S NA	ME (First, Mide	die, Malden St		
TO BE	19a. INFORMANT'S NAME (Type/Print) Carol Brilhart				more St	Route Number,	City or Town,	State, Zip Code)	4
_	20e, METHOD OF DISPOSITION 1 & Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify)	movel from State	other place)	ik Lawn (emetery			ation — city or	Town, Stata MoLa
	21. SIGNATURE OF FUNERAL SERVICE	D. Julie	,		es S. Ze		Son.	Inc. 62	24 ustern Ave.
	23. PART I. Enter the diseases, o shock, or heart failure immEDIATE CAUSE (Final disease or condition resulting in death)	aare in one out to ou	ach lina.				c or respire	itory arrest,	Approximata Interval Between Onset and Death
CERTIFICATION	Sequantially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с.	A CONSEQUENCE OF						
PHYSICIAN: MEDICAL C	PART II. Other significant conditi	one contributing to death i	out not resulting i	in the underlyin	g cause given in		e. WAS AN A PERFORM YES 2	ED?	A4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1	26. PI	ACE OF GEATH (C)	neck only one)			
	1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	1 Of Inpatient 2 ER/Out 28a. OATE OF INJURY (Month, Day, Year)	28b. TIM	4 Nursing Hom E OF 28c. INJ	RK?			JURY OCCURED	
red BY	2 Accident Investigatio 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJUR building, atc. (Spe			rES 2 NO		ION (Street an Town, State)	d Number or Rur	al Route Number,
COMPLETED	one)	YSICIAN: To the best of my know							e(a) and manner as stated.
핆	29b. SIGNATURE AND TITLE OF CERTIF	TER Whin	2		29c. LICENSE NU	47	61	▶ 3,	IED (Month, Day, Year)
6	30. NAME AND ADDRESS OF PERSON	n Ohimil	EATN (ITEM 27) (Type,	Print)	tern 18	lud	Bo	(to 11	402/22/
	31. ON AR 08 1990	July 32 REGISTRAT'S SIG	APPENDE.						

28:

31. DATE FILED (MORITI, Day, 1687)
MAR 0 8 1990

		500								20	00	000
		1 - STATE REGISTRAR	STATE OF MARYLA				HEALTH AND I	MENTAL HYGIE REG. NO				
		1. DECEDENT'S NAME (First, Middle, Last) William E. Cafrick	F. C	A N	rida			2. DATE OF DEATH	DAY C	YEAR	3. TIME OF	DEATH
			SEX 6. AGE (In			DER 1 YEAR	R IF UNDER 24 HRS.	7. DATE OF BIRTN	9 4	6. BIRTH	PLACE (State	or Foreign
		2	M 2 D F	80		_		(Month, Day, Year)	09	Country	Md.	
	OR		VA Medic	alle		TY JOW	NOR LOCATION OF DI		9c. COU	NTY OF DE	ATH	
V	DIRECTOR	10e. STATE 10b. COUNTY			10c. CITY, TOW	N PR LO	CATION				10d. INSIDE	
H	- 1	100. STREET AND NUMBER				1			140. 017		-	2 NO
	FUNERAL	5534 Whith	on ry				101. ZIP COOE	206	10g. CIT	IZEN OF W	US A	HY?
	BY FUN	11. MARITAL STATUS 12 1	. WAS DECEDENT EVER IN FORCES? 1 VES IF YES, GIVE WAR OR DAT W.W. II	2 N	MED	If yes,	PECENDENT OF HISPAI apecify Cirban, Mexica (ES 2 NO Specif		se or No—		- American White, etc.	Indien,
	0	15, DECEDENT'S EDUCATI	ON	16e. DE	CEDENT'S USUAL	OCCUPA	ATION	16b. KIND OF B	USINESS/INC	DUSTRY		
	COMPLETED	(Specify only highest grade com Elementary/Secondary (0-12) C	ollege (1-4 or 5+)	life.	ive kind of work do Do NOT use retire	d.)		310.232.243.4				
e3	MPL				SIM	551	nith	Kirk S	Silver			
OUC	00	17. FATNER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle, Maide	n Surname)			
ed al	BE	Daniel Carrick						Mae Hill				
E I	2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
pe e		Anna B. Carrick	1 205				Rd. Balt	o., Md. 2		Olev T	84-4-	
examiner must be notified at once		1 🕅 Buriel 2 Cremation 3 Removal 4 Donetion 5 Other (Specify)	from State	other plu	wood Ce		cemetery, crematory or	20c. t	Balto			
lner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY John C. Miller Inc.										
ехап		1 Comment	Lour	_				Rd. BAlto	. Md	212	06	
medical		23. PART I. Enter the discesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause or each line.										
Ë		ahock, or heert fallbut. List only one cause go each line. IMMEDIATE CAUSE (Finel										t end Deeth
t, the		disease or condition resulting in death)			non						-	1 day
even			DUE TO (OR AS A	CONSEC	DUENCE OF):	٨	Λ -					
atic	NO	Sequentielly list conditions, b.	0		NL	/53	roitming				_	
other traumatic event,	RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	Alus TO (OR AS A	CONSEC	DUENCE OF):						12	
ner t	FIC	CAUSE (Disease or Injury that initieted events	DUE TO (OR AS A	CONSEC	DUENCE OF):						3,	20
00 00	E	resulting in death) LAST										
Š	8	DARK II. Oaker elee Meese A ee dale ee						- 1			1	
shows any in	SAL	PART II. Other aignificent conditions c	ontributing to deeth bu	t not r	esulting in the	underly	ing cause given in	Part I. 24a, WAS / PERF	ORMED?	24b.	MALABLE F	
E 50	EDICA							1 TES	2/ NO		OF DEATH?	TOP CAUSE
Show	2							- 1			1 TYES	2 NO
23	AN:	25. WAS CASE REFERRED TO MEDICAL		-		26	PLACE OF DEATH (C)	hank anti-ana)				
Hem	SICI	EXAMINER?	OSPITAL:	tiont 3	OTH	IER:						
-	Ŧ	27. MANNER OF DEATH	28a. DATE OF INJURY	-	26b. TIME OF	7	INJURY AT	28d. DESCRIBE HOY	/ INJURY OC	CURED		
is marked,	0	1 Natural 5 Pending	(Month, Day, Year)		INJURY	1[WORK?					
ES	D BY	2 Accident streetigetion 3 Suicide 6 Could not be	28e. PLACE OF INJURY - building, etc. (Specif	Al ho	me, farm, street,	factory, o	ffice	281, LOCATION (Street	ot and Numbe	r or Rural R	loute Number	
28	ETE	4 Homicide determined	Tanana, area (opacin	"/	U			City or Yown, Stu	,			
E E	PLE	29a. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my knowle	dge, de	ath occurred at t	he time, d	late and place, end due	e to the cause(e) and π	anner as sta	sted.		
=======================================	COMPL	one) 2 MEDICAL EXAMINER: C									and manne	r se stated.
MPORTANT: IL		296. SIGNATURE AND TITLE OF CERTIFIER	1				29c. LICENSE NU	MBER	29d. DAT	TE SIGNED	(Month, Day,	Year)
MP	38 C	David Phules Mo										

BaH, MO

WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

VA Med Center 1

32 REGISTRAT'S SIGNATURE

Graha Davidson—Randone

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10 THE MUSTIAL OR ALIENDING PRINCIPAL THE ISM REQUIRES THAT LIE DESCRIPTION WITH 24 HOURS STICE DESCRIPTION	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fireful discount of the fir	•	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examine my	l
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5	PIR	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ten	l
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		FOR STATE REGISTRAR	STATE OF N	MARYLAN			HEALTH AND	MENTAI	L HYGIENE			
		1. DECEDENT'S NAME (First, Middle, Last) Paul				redder	1	2. DATE MONTE	OF DEATH DAY	90	AR	TIME OF DEATH 5:45 A. M
		4. SOCIAL SECURITY NUMBER 216-34 5424	5. SEX 1 ∰ 4M 2 ☐ F	6. AGE (In y	rs. lest birthday)	MONTHS DAY		7. DATE	of BIRTH b, Day, (bar) - 15-3	8	SIRTHPLA Country)	CE (State or Foreign
		9a. FACILITY NAME (If not institution, give s	treet and number)		_	96. CITY, TO	N OR LOCATION OF D	EATH		9c. COUNTY	A -2 Pr	1
E G		6000 blk. Liberty	y Road				. <u>.</u> .			Bal ⁻	timo:	re
DIRECTOR		108. STATE 106. COUNTY	Y			TTTMO	CATION					I. INSIDE CITY LIMITS?
4		100. STREET AND NUMBER 86 BLEDSOE CIP	RCLE		221		101. ZIP CODE 2.7.2.2.0			10g. CITIZEN	OF WHAT	eV.
RY FUNER		11. MARITAL STATUS 1 Never Married 2/2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	COTES :	2 NO	It yes	DECENOENT OF HISPA , specify Cuben, Maxico YES 2 NO Specific	an, Puarto I		or No.— 14.	RACE — Black, WI Specify:	11.000
E		15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working										
Once.		Elementary/Secondary (0-12) 6th Grade	College (1-4 or 5	+)	life. Do NOT us	e retired.)	, mode of Working	ВС	DDY &	FENDI	ER S	SHOP
1 B	ı II	17. FATHER'S NAME (First, Middle, Lest) NORMAN DREDDEN 18. MOTHER'S NAME (First, Middle, Maiden Surname) DOROTHY SANDERS								3		
	- 11	19a. INFORMANT'S NAME (Type/Print) SANDRA DRE	DDEN				set and Number or Rural $E \ \ CIRCLE$					220
9		20s. METHOD OF DISPOSITION OCTOBURGE 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	20b. PI	ACE OF DISPOS	RE CE	cemetery, crematory or $METERY$			TIMOI		
скаш		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH F. H. 1101 E. NORTH AVE.										
ry, or other traumatic event, the medical		23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, abock, or hasn't failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Multiple Injuries DUE TO (OR AS A CONSEQUENCE OF): b. OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):								Approximate interval Between Onset and Death		
hows any inju		PART II. Other algoliticant condition	na contributing to	daath but	not resulting	in the under	lying cause given in	Part i.	24s. WAS AN A PERFORM	MED?	CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
1 23		25. WAS CASE REFERRED TO MEDICAL				2	B. PLACE OF DEATH (C	heck only o	ne)			
ed, or item 23 s PHYSICIAN		EXAMINER? XX YES 2 \(\text{NO} \)	HOSPITAL: 1 Inpatient 2	ER/Outpetic	ent 3 🗆 DOA	OTHER: 4 Nursing	Home 5 🗆 Residence	6XXXxthe	or (Specify)	scene		
		27. MANNER OF OEATH 1 Natural 5 Pending	28a. DATE OF (Month, L	Day, Year)		IURY	INJURY AT WORK?		SCRIBE HOW IN			
RY PH	- 11	2 Accident Investigation	3-4-		4:3		YES 2 NO	-	Ver in			impact
m 28 ls		4 Homicide datarmined		atc. (Specify)				City	or Town, State)			.,Balto.Co
= =		29a. CERTIFIER (Check only 2 XXMEDICAL EXAMINE	1 0				data and place, and du on, death occured at th				suse(a) an	Md . ed manner as stated.
PORT RF		ING. SIGNATURE AND TITLE OF CERTIFIE	h	2	0		29c. LICENSE NU				GNED (MG	onth, Day, Year)
¥ 6	1	Julia C. Good:		of or head	M 27) (Тура		Penn St.,		to., Mo	R. 21	201	
C	1	31. DATE FILEO (Month, Day, Year) MAR 08 1990	32. REGISTR	AR'S SIGNATI	andella							

OHMH-16 Rev 1/89

3. TIME OF DEATH
3/12 PM

Darvish

2. DATE OF DEATH MONTH

by the hospital or attending physician. LAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

		Unknown	40	1 - M 2 F	o. AGE (III)	8	YRS.	MONTHS	DAYS	HOURS	MIN.), Day, Year)	8	Country)	n, Iran
		9a. FACILITY NAME (If not in	istitution, give s	/ \	1 6	^		9b. CITY	, TOWN (OR LOCATI	ION OF DE	ATH	11/0		NTY OF DEAT	
	E O	Suburb	an	HOSF	>160	2		7	30-	he	sdo	2		M	onta	omeny
ł	5	RESIDENCE OF DEC	10b. COUNTY	v			10c CIT	r, TOWN (DE LOCAT	ION					I 10	d. INSIDE CITY
	DIRECTOR	Maryland		gomery				thes		1011						LIMITS?
		10e. STREET AND NUMBER	110110	50					_	ZIP COD	E			10g. CIT	IZEN OF WHA	
	ER/	7420 West I	ake Te	err. Apt.	. 505					208	17		Iran			
	FUNERAL	11. MARITAL STATUS	W	12. WAS DECEDED									f? (Specify Ye	a or No—	or No— 14. RACE — American Indian, Black, White, etc.	
	BY	1 Never Married 2 3 SWIdowed 4 Divo		IF YES, GIVE	WAR OR DATE	ES					Specify:				Specify:	ranian
	Ω.		EDENT'S EDU		1			USUAL O				16b	KIND OF BU	ISINESS/INI		Lantan
	ᇤ	Elementary/Secondary (ly highest grade 0-12)	College (1-4 or 5	+)	Me. E	Do NOT us	e retired.)		est of world	rrg					
6	COMPL	12th				Н	ouse	wife	3					me		
t one		17. FATHER'S NAME (First, M Saadolah I		h						16. MOT			Middle, Malder			
Pol	BE	19a. INFORMANT'S NAME (11		19b.	MAILING	Fatemeh Darvish MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
) i	5	Jahandar I	arvisl	h											. 2085	4
P A		20a. METHOD OF DISPOSIT	ION	oval from State	20b. P	PLACE Of	F DISPOS	SITION (N	me of ce	metery, cre	matory or				City or Town,	
3		1 Donation 6 X Other			ran	T	éhra	in,	Iran				T	ehra	n, Ira	n
mine	1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Alexander S. Pope Funeral Home														
exa exa		Me	1 D.	rope	4.	,			2617	PEN	NSYL	ANI	A AVE.	S.E	. WASH	, D.C.
medical examiner must be notified at once.		23. PART i. Entar the diseases, or complications that caused tha death. Do not anter tha mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause on each line. Approximate interval Between														
		IMMEDIATE CAUSE (Findisease or condition	nal		100	0.1	(1	PP	EC-	7					Onset and Dasth
ent,		resulting in death)	→	a. DUE TO	ARD	ONSEQU	JENCE O	F):	1010							
or other traumatic event, the	z			b. C	ORON	VAN	ZV	A	RT	ERY	/	Dis	EAS	6		
anma	CERTIFICATION	Sequentially list condit if any, leading to imme	tiona, idiata	DUE TO	O (OR AS A C	ONSEQU	JENCE O	F):	1	1	-		,		. 10. 1	
er tra	2	cause. Entar UNDERLY CAUSE (Disease or inju		c. C.G.	CEOS O (OR AS A C	CONSEQUENCE OF: OR O-VASCULAR INSUFFICIENCY CONSEQUENCE OF:										
r oth	E	that initiated events resulting in death) LAST d. DEMENTS														
uy,																
shows any injury,	MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MENIONG IOMA BRAION 1 UPS 2 NO 1 UPS 2 NO 1 UPS 2 NO 1 UPS 2 NO 1 UPS 2 UPS 2 UPS 1 UPS														
Ws ar	ED	0.5		RAL		RO	n	1				_	1 U YES	2 NO		DEATH?
sho a	Σ.		10000	<i>K D L</i>		~ V		y				_				_ 123 2 _ 110
Item 23	SICIAN:	25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:						LACE OF	DEATH (Ch	ock only o	ne)			
or it	YSI	1 VES 2 NO		1 Inpatient 2		tlant 3			rsing Hor	no 6 X	Residence	6 🗆 Oth	er (Specify)			
-	PHY	27. MANNER OF DEATH	Pending	28s. DATE O (Month,	F INJURY Day, Year)		26b. TIM	IE OF JURY	W	JURY AT ORK? YES 2		28d. DE	SCRIBE HOW	INJURY O	CCURED	
marked	BY	2 Accident 3 Suicide	Investigation	28e. PLACE	OF INJURY -	- At horr	ne, farm,	street, fac			_ 100	281. LO	CATION (Street	t and Numbe	er or Rural Rout	te Number.
28 L	TED	4 Homicide	Could not be determined	building	g, atc. (Specify	y)					3		or Town, Stat			
Item Item	PLE	29a. CERTIFIER (Check only	TIFYING PHYS	SICIAN: To the best of	of my knowled	dge, dez	th occurr	ed at the	time, dat	and plac	e, and dua	to the ca	use(s) and m	anner es at	ated.	
= 5	COMPLE	const. only														nd manner as stated.
MPORTANT:	ш	29b, SIGNATURE AND TITLE	E OF CERTIFIE	er n	1	- 14	10			29c. LIC	CENSE NUN	ABER	^ -	29d. DA	TE SIGNED (M	onth, Day, Year)
N N	TO B		#.	1000		11	2) 3	5 20	12		3.6	.90
		30. NAME AND ADDRESS O	PERSON WI	RAHA	VR PEAT	U I	27) (Type	77	18	Wio	SCON	C	NA	VE	RET	HECOL
		31. DATE FILED (Month, Day,	Year)	32. REGISTE	AR'S SIGNAT	TURE		00	/ ()			11/1	4 /7	7.0	1001	11037
	}	MAR 081	3 90 <i>s</i>	Februarido	on-Ann	delle										
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i	narked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must	
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	FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF		F HEALTH AND I		GIENE G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) GEONGE	Arthur	Davis			2. DATE OF DE	DAY 4	YEAR 90	3. TIME OF DEATN	
	4. SOCIAL SECURITY NUMBER	6. SEX 1 M 2 F	AGE (In yrs. lest birthdey) 41 yrs.	IF UNDER 1 YE		7. DATE OF BIL (Month, Day,	PTH (Vear) 48	8. BIRTH Countr	APLACE (State or Foreign ny)	
OB	96. FACILITY NAME (If not institution, give st 1408 Montepelier		-		NN OR LOCATION OF DI	EATH	9c.	COUNTY OF D	EATH	
DIRECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland	1		v, town on Lo altimo				- 4	10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL DIRECTOR	100. STREET AND NUMBER 1408 Montepelier	St.	101. 2				_	U.S.A.	WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	13. WAS If yes	e— 14. RACE Black Speci	E — American Indien, k, White, etc.				
BE COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of itte. Do NOT u	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) ONSTRUCTION 19b. KIND OF BUSINESS/INDUSTRY NONE						
SE CON	17. FATHER'S NAME (First, Middle, Last) George Washingt	on Davis			16. MOTHER'S NA	/ Ha	11			
TO	190. INFORMANT'S NAME (Type/Print) Mildred Watters		1173	E. Nor	thern Park		ltimor	e, Md.		
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	206. PLACE OF DISPO other place) Arbutus M		of cometery, cremetory or 1 Park			more,		
	21. SIGNATURE OF FUNCTIAL SERVICE LIS	KIDURIU			C.BrownCon		1206	W. Nor	th Ave.	
	23. PARF 1. EMer the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST									
PHYSICIAN: MEDICAL CEF	PART II. Other significant condition 1/17/1/21/2005 9/W		rlying cause given in	n Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO			b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES TO NO			
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH (C	heck only one)				
BY PHYS	1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending 2 Accident Investigation	28s. DATE OF IN (Month, Day,	Year) IN	4 Nursing AE OF 28- JURY M 1	Home & Reeldence c. INJURY AT WORK? YES 2 NO	28d. DESCRIB	E HOW INJUF			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF I building, et	NJURY — At home, farm, c. (Specify)	atreet, factory,	office	28f. LOCATION City or Tox	N (Street and A wn, State)	lumber or Rural	Route Number,	
COMPLETED	(Original Original Origina Origina Origina Origina Origina Origina Origina		y knowledge, death occur mination end/or investigati						(e) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	pi A. Wass.	vo PHUSP A.M	ASTERU, MY	29c. LICENSE NU	JMBER	290	d. DATE SIGNED	D (Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WIT	D. , JOHNS 1	HOPKES HOSPITA	MALT	· " "					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAB	s signatures							

and be unached for use as the burial-transit permit. Pages 1, 2, 3 should

COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (MORTH, Park Year) 90



1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
1. DECEDENT'S NAME (First, Mic	idle, Last)	Fergus				2. DATE OF DEATH	DAY YES	
4. SOCIAL SECURITY NUMBER	051	SEX 6. AGE (In yrs, lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. B	SIRTHPLACE (State or Foreign Country)
BON Se CA	ws h	end number)		96. CITY, TOWN	Humane	ATH	9c. COUNTY	
RESIDENCE OF DECED 10a. STATE 10 MARYLAND	b. COUNTY	•		Y, TOWN OR LOCAL	TION			10d. INSIDE CITY LIMITS? VIX YES 2 NO
100. STREET AND NUMBER	Balt	mac St			ZIP CODE	a 3	10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Mai 3 Widowed 4 Divorced	rried	. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 (ANO	13. WAS DEC	CENDENT OF HISPAI	NC ORIGIN? (Specify in, Puerto Rican, atc.)		RACE — American Indian, Black, Whita, atc. Specify: Black
15. DECEDE (Specify only hig Elementary/Secondery (0-12)			18a. DECEDENT'S (Give kind of the Do NOT use RETIRE		ON ost of working	18b. KIND OF E	BUSINESS/INDUST	RY
17. FATHER'S NAME (First, Middle UNKNOWN						ME (First, Middle, Meld FERGUSON	ien Sumame)	
19a. INFORMANT'S NAME (Type) ELWILLI		GUSON			ALTIMORE	STREET (2	own, State, Zip Cod 21223)	(e)
20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometory, crematory or other place) 4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State WESTERN STAR CEMETERY BALTIMORE, MARYLAND								
21. SIGNATURE OF FUNERIAL SI	21. SIGNATURE OF FUNCTIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY BROWN/THOMPSON F.H. P.O. BOX 4433 (21223)							
	aaas, or com t fellure. List	pilcations that cause t only one cause on e	d the death. Do s	not enter tha me	oda of dying, aud	h as cardiac or re-	apiratory arrest,	intarval Between
IMMEDIATE CAUSE (Final disease or condition								
reaulting in death)	a	DUE TO (OR AS	CONSEQUENCE	um	_ //		1993	
Sequentially list condition if any, leading to immedial cause. Enter UNDERLYING	te	Deh	CONSEQUENCE O	lion	3			
Sequentially list condition if any, leading to immedial	te	Deh DUE TO (OR AS (ydrai	lion Fi:				
Sequentially list condition if any, leading to immedie cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	DUE TO (OR AS A	GONSEQUENCE O	lion FI:	ng cause given in	PERI	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list condition if any, leading to immediateuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant	conditions c	DUE TO (OR AS A	GONSEQUENCE O	In the underlying	g cause given in	PERI 1 YES	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list condition if any, leading to immedial cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	conditions c	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE O	In the underlyle	LACE OF DEATH (C)	PERI 1 YES	ORMED?	AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list condition if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO MEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Per 2 Accident	conditions c	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF A CONSEQ	26. P OTHER: 4 Nursing Hor BE OF 28c. IN WM 1	LACE OF DEATH (C/	PERI 1 YES Peck only one) 8 Other (Specify) 28d. DESCRIBE HO	FORMED? 2 NO WINJURY OCCURE	AMILLABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list condition if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO MELAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Per Investigation of the condition of the cause of th	conditions c	DUE TO (OR AS A DUE TO (OR AS A CONTributing to death to the contribution to the contribut	CONSEQUENCE O	26. P OTHER: 4 Nursing Hor BE OF 28c. IN WM 1	LACE OF DEATH (C/	PERI 1 YES	V INJURY OCCURE	AMILLABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO MEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Per Inv. 2 Accident 3 Buicide 8 Condetted the Montroide Secretary Check only 29a. CERTIFER Check only	conditions c	DUE TO (OR AS A DUE TO (OR AS A CONTributing to death the contribution the contributi	CONSEQUENCE OF A CONSEQ	P): In the underlyle 26. P OTHER: 4 Nursing Hor IE OF 28c. IN,	LACE OF DEATH (C/	PERI 1 YES 1 YES 1 Other (Specify) 26d. DESCRIBE HO 28t. LOCATION (Stre City or Town, Sh	W INJURY OCCURE of and Number or R	AMILLABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list condition if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO MELAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Per Investment Investm	conditions c adding setigation ald not be sermined LEXAMINER: C CERTIFIER	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF A CONSEQ	P): In the underlying 26. P OTHER: 4 Nursing Hori E OF 28c. (N WM 1 I street, factory, office ed at the time, data on, in my opinion,	LACE OF DEATH (C/	PERM 1 YES 1 YES 8 Other (Specify) 28d. DESCRIBE HO' 28t. LOCATION (Street, Sheet) to the cause(a) and in time, data and place,	W INJURY OCCURE et and Number or R manner as stated, and due to the ca	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number,

32 REGISTRAR'S SIGNATURE

Countries 1975

1.11		pinous	
BALTIMORE, MARYLAND 21203-3146	n 24 hours after them. Plum terms, the comment by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the timeral director, pages 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Dent. of Health and Mental Hydiene prior to burial, cremation, or removil.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after own. Page the pay in the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the the fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTMENT (CERTIFICATE		MENTAL HYGIEN REG. NO.	E						
	1. DECEDENT'S NAME (First, Middle, Last)		_		2. DATE OF DEATN MONTH DA	v ve	3. TIME OF DEATH					
	ANDREW 4. SOCIAL SECURITY NUMBER	FOLKES TO	S. last birthday) IF UNDER 1 Y	EAR IF UNDER 24 HRS.	3 5	90	SIRTHPLACE (State or Foreign					
	219 - 28 - 9980	1 XM 2 - F 55		AYS HOURS MIN.	(Month, Day, Year)		Country) MD					
œ	9a. FACILITY NAME (If not institution, give	2 1	96. CITY, TO	WN OR LOCATION OF DI		9c. COUNTY	OF DEATH *					
CTO	RESIDENCE OF DECEDENT	ancer Cente	D Ba	Itimore.	cuy.	5,00,-6.7						
DIRECTOR	100. STATE 10b. COUNT	It more City	10c. CITY, TOWN OR	Etimore	/		10d. INSIDE CITY LIMITS? 1 X YES 2 \(\square\) NO					
	10s. STREET AND NUMBER	ILIAN MINES	2 06	101. ZIP CODE		The second	OF WHAT COUNTRY?					
FUNERAL	10/6 DRUGE	12. WAS DECEDENT EVER IN U.S	B. ARMED 13. WA	2/20/	NIC ORIGIN? (Specify Yes	or No.— 14.	S, A.					
BY FI	1 Never Married 2 Married 1 Never Married 2 Married 3 Wildowed 4 Divorced FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, atc.) 1 YES 2 NO Specify: Specify: Black, White, atc. Specify: Black Specif											
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working											
COMPLETED	Elementery/Segondary (0-12)	College (1-4 or 5+)	alto. City	1 Ganitati	- i		•					
MO	17. FATHER'S NAME (First, Middle, Last)		3	16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	. ,					
BE C	ANDREW FOLK	ES SR,		MARIE	KIC	chai	rd50N					
10	19a. INFORMANT'S NAME (Type/Print) DGN 156 FOLK	ES	19b. MAILING ADDRESS (S	treet and Number or Rural	Ave, Bal	h, State, Zip Coo	D. 21201					
	20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Res	20b. PL	ACE OF DISPOSITION (Name	of cemetery, crematory or	20c, LO	CATION — City	or Town, State					
	21, SIGNATURE OF PUNERAL SERVICE L	JCENSEE .	MYISON FOI	ME AND ADDRESS OF FA	em. Uu	ings I	TIIIS, TYID					
	· Portis	Eleron	Wi	n. c. W	arch F	MUE	21 Home 21202					
	23. PART I. Enter the diseases, or shock, or heart failure	complications that caused the		a moda of dying, suc	h as cardiac or respi	ratory arrest	Approximate Interval Between					
	IMMEDIATE CAUSE (Final disease or condition	Carlia					Onset and Desth					
	DUE TO (OR AS A CONSEQUENCE OF):											
NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
CAT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury											
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEOUENCE OF):	* r								
CEF		d										
PHYSICIAN: MEDICAL	PART II. Other significant condition	na contributing to death but i	not resulting in the unde	riying cause given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE					
MEDI					1 🗍 YES 2	∐ NO	OF DEATH?					
N.												
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	26. PLACE OF DEATH (C								
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatie	28b. TIME OF 2	g Home 5 Residence	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUR	ED					
ВУ Р	1 Netural 5 Pending 2 Accident investigation	(Month, Day, Year)	INJURY M	WDRK?								
	3 Suicide S Could not be detarmined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, street, factor	r, office	281. LOCATION (Street City or Town, State)		Rural Route Number,					
COMPLETED	29s. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my knowledg	je, death occurred at the time	, data and pieca, and du	to the cause(s) and ma	nner as atated.						
₩O.	0.001	NER: On the basis of examination sn	d/or investigation, in my opin	nion, death occured at the	time, date and place, an	d due to the ca	suse(s) and menner as stated.					
BE C	796 SIGNATURE AND TITLE OF CERTIFI	ER / / / A		29c. LICENSE NU	_ /		GNED (Month, Day, Year)					
5	30-NAME AND ADDRESS OF PERSON W	/HO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	D3F								
	DORIS B. STE		27.5	· Corecne	St. Bal	4. M	0					
	31. DATE FILED (Month, Day, Year)	22. REGISTRAR'S SIGNATU			_							
	MAR 08 199	Chille Daird And	MONORNE									

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- REGISTRAR	CERTIFIC	CATE OF	DEATH	REG. I	10.					
	1. OECEOENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH				
	Eleanor Roosevelt Mettar	n Fo	ster		2. DATE OF DEATH	3 ^{AY} 199	0 2:20 Pm				
		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign				
		7 YRS.	MONTHS DAYS	HOURS MIN.	Feb. 17	1933	Maryland				
E	9a. FACILITY NAME (If not institution, give street and number) Franklin Square Hospital		96. CITY, TOWN	Rosedale		BALTIMORE					
DIRECTOR	RESIDENCE OF DECEDENT			· · · · · · · · · · · · · · · · · · ·		DALI	IPIONL				
W	10a. STATE 10b. COUNTY		TOWN OR LOCA	TION		10d. INSIDE CITY LIMITS?					
ā	Maryland Baltimore	Ro	sedale				1 TYES 2 XNO				
A	10e. STREET AND NUMBER		10f. ZIP CODE			10g. CITIZEN OF WI					
E	9217 Nottingwood Road			21237		l	JSA				
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U FORCES? 1 YES			CENDENT OF HISPAN		Yea or No- 14	. RACE — American Indian, Black, White, etc.				
ВУ	1 Never Married 2 X Married IF YES, GIVE WAR OR DATE 3 Widowed 4 Divorced			NO Specify			Specify: White				
	15. DECEDENT'S EDUCATION 1	Ba. DECEDENT'S L	SUAL OCCUPATI	ON	16b. KIND OF	BUSINESS/INDUS	TRY				
	(Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5 +)	life. Do NOT use		ost of working							
릴		Sales	Clerk		Reta	il Healt	h Food				
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+) College (1-4 or 5+) Sales Clerk 16. MOTHER'S NAME (First, Middle, Last) Russell Holloway Mettam 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
								2	Curtis F. Foster, Sr.		
	20s. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify)	ther place) Rid	TION (Name of ce	etery		LOCATION - CH					
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	A	22. NAME A	ND ADDRESS OF FA	CILITY						
	Martin D. La	wson		mon-Mitc							
	23. PART i. Enter the disesses, or complications that caused t	ha daath. Do ne		nonium.			t, Approximata				
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Massive Acute Pulmonary Embolism										
	DUE TO (OR AS A CONSEQUENCE OF):										
8	Sequentially list conditions, DUE TO (OR AS A C	ONSEQUENCE OF									
CERTIFICATION	cause. Entar UNDERLYING										
Ĕ	CAUSE (Disessa or injury that initiated eventa DUE TO (OR AS A C	ONSEQUENCE OF):								
H	resulting in dasth) LAST										
	PART II. Other significant conditions contributing to death but	not resulting in	the underlyin	na cause alven in	Part I 24a WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS				
DICAL			· ma anaznyn	ig oodoo giron iii	PER	FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
					1 X YE	3 2 NO	OF DEATH?				
PHYSICIAN: ME	<u> </u>				-		1 YES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL		26.5	LACE OF DEATH (Ch	eck only one)						
Sic	EXAMINER? HOSPITAL:		OTHER:	9. 7.							
¥	27. MANNER OF OEATH 28s. DATE OF INJURY	28b, TIME		ne 6 🗆 Rasidenca JURY AT	28d. DESCRIBE HO	W INJURY OCCU	REO				
ВУ Р	1 X Naturel 5 Pending (Month, Day, Year) 2 Accident Investigation	INJU	JRY W	ORK? YES 2 NO			-				
	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY – building, atc. (Specify	At home, tarm, at	reat, factory, offi	ca	26t. LOCATION (Str City or Town, S	set and Number or	Rural Route Number,				
ETE	4 Homicide determined	,			City or rown, S	ato)					
COMPLETED	29a, CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER: On the basis of axamination s										
ш	BIGHATURE AND TITES OF CERTIFIER			29c. LICENSE NUI		26d. DATE S	SIGNED (Month, Day, Year)				
10 B	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type	Print)	D385	43	▶ 3	15/90				
	Dr. Kevin Scruggs 9000 Fra	anklin S		rive Bal	timore, N	Maryland	21237				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNAT					6					
	MAR 08 1990 July Miller 19						OHMH-16 Rev 1/86				

for page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should by he retained by the hospital or attending physician. MORE, MARYLAND 21203-3146 IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the less than the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

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				Pages 1, 2, 3
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STATE OF MARYLAND / DEPARTMENT		HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

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	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H			GIENE 9	06070
		DONALD H,				2. DATE OF DEA	ATH DAY YE	3. TIME OF DEATH O 400 M
	190-09-2457	1 × M 2 □ F 8	/ YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRY (Month, Day,)	16ar) - 08	BIRTHPLACE (State or Foreign Country) IVANSAS
TOR	9a. FACILITY NAME (If not institution, give street Carroll County General Residence of Decement				inster	ATH	9c. COUNTY Ca	of DEATH Irroll
DIRECTOR	10a. STATE 10b. COUNTY Maryland Carro	coll		TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 13 YES 2 NO
ERAL	100. STREET AND NUMBER 418 Baldwin Par	k Drive		101	21157		1177	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, sp	ENDENT OF HISPAN ecity Cuban, Maxicar 2 NO Specify	n, Puerto Rican, a	etc.)	RACE — American Indian, Black, White, atc. Specify: White
PLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co. Elementary/Secondary (0-12) 12	ATION ompleted) College (1-4 or 5+) 4	Iffe. Do NOT usa	ork done during mo retired.)	et of working		of Business/Indust	aims Dept.
COMPL	17. FATHER'S NAME (First, Middle, Last) Hugh W. Feemst	er			18. MOTHER'S NAI		Maiden Sumame) Jenks	
TO BE	190. INFORMANT'B NAME (Type/Print) Roger Bair, Jr.				and Number or Rural F	Route Number, City	or Town, State, Zip Cooksburg, Md	
	20a. METHOD OF DISPOSITION TO Burlel 2 Cremetton 3 Remove 4 Donation 5 Other (Specify)	ral from State	WoodIawn	TION (Name of cer Cemeter	netery, cremetory or		Woodlawn,	or Town, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN	0	sr.		Towson F York Roa		Home, Inc	1204
	23. PART I. Enter the diseases, or cor shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Rup	and the death. Dp np and line. ###################################					Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		A CONSEQUENCE OF):					
MEDICAL	PART II. Other algnificent conditions	contributing to death	but not resulting in	the underlyin	g cause given in	F	WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Che			
BY PHYS	27. MANNER OF DEATH Natural 5 Pending P	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	PURY AT DRK? YES: 2 NO		HOW INJURY OCCUR	ED
	3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	tY — At home, farm, str ec/ly)	reet, factory, offic		281. LOCATION City or Town	(Street and Number or F n, State)	Rural Route Number,
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA CONTROL OF C							euse(s) and manner as stated.
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER	mla	und		29c. LICENSE NUN	IBER Gg	29d. DATE BI	IGNED (Month, Day, Year)
	MANUER J.	COMPLETED CAUSE OF DI	7 6	Print)	VOCKY L	1.4	IBST pu.	rstone, my
	MAR 08 1990 fu	32. REGISTRAR'B SIGN	and the					

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BRESIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed when TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely like to the funeral defactor of the burial-transit permit. Pages 1, 2, 3 should	the notified at once	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed write. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completes.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, creming, or News. IMPORTANT: If hem 28 is marked on 18m 23 shows any injury or other fraumatic event. The medical more must be notified at once	

1 - STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF OEATH MONTH DAY

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF OEATH	DAY	YEAR	3. TIME OF DEATH
1	10	LA	GE	ORGE							14	QU	5.15 A M
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. In	at birthday)	IF UNDER	~~~	IF UNDE	-	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI	HPLACE (State or Foreign
	018 12 74	33	1 🗌 M 2 💢 F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	12-12-1	1	Count	Mass.
	9a. FACILITY NAME (If not in		treet and number)			9b. CITY,	TOWN (OR LOCATI	ON OF OE			UNTY OF C	
DIRECTOR	PRINCE GEOR	GE'S H	OSPITAL	CENTER		CHI	EVER	RI Y			PRIN	ICE G	EORGE'S
EC.	10e. STATE	10b. COUNTY			10c. CITY	, TOWN O	R LOCA	TION					10d. INSIDE CITY
8	Mass.	Mida	ilesex			owel	1						LIMITS?
A	10s. STREET AND NUMBER		LIESEX			JWE		f. ZiP COD	E		10g. Cl	TIZEN OF	WHAT COUNTRY?
FUNERAL	109 Liber	-+++ C+	troot					0	185	2			
5	11. MARITAL STATUS	<u> </u>	12. WAS DECEDER	T EVER IN U.S. A	RMED			ENDENT	OF HISPAN	IC ORIGIN? (Specify	fee or No-	II S	E American Indian.
BY F	1 Never Merried 2		IF YES, GIVE	WAR OR DATES	Xo				en, Mexice Specify	n, Puerto Rican, etc.)		Spec	
	3 Widowed 4 Divo							****					White
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₩.	17. FATHER'S NAME (First, M	Material Assemb	_		Wait:	ress	5	Electric .			Resta		nt
								18. MOT		ME (First, Middle, Maid			
BE	Herbert I		okins				Dec 19			ffie M.			
2				- 1						Route Number, City or 1			
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	1 Burial 2 Cremetic 4 Donation 5 Other	n 3 Rem	oval from State	other p								-	own, State .
	21. SIGNATION S CONTRACT	L SERVICE LIC	CENSEE	1 1	Eas				ry ss of fac		well	M	ass.
	11.11	. //	1/ 11							son Fune Virgir	ral	Home	es
	TON	14/1-1	ample	4//									1
	23. PART /. Enter the d shock, or h	egri failure.	complications the List only one ca	of ceused the duse on each lin	eeth. Do n	ot enter	the mo	ode of dy	ing, suci	h aa cardlac or re	piratory a	rreat,	Approximata Interval Between
	IMMEDIATE CAUSE (Ein	101	0	000	. /	100	-	agency.					Onset end Deeth
	resulting in deeth)	→		RDIAC			EZ	/					
				O (OR AS A CONSI									
CERTIFICATION	Sequentially list condit	lons,	0							4			
¥.	If any, leading to imme cause. Enter UNDERLY			CON	GL 87	IVE	1	1 con	1-6	ilure.			
	CAUSE (Disease or Injuthst initiated events	iry	DUE TO	(OR AS A CONS	EOUENCE OF	7:			10	000			
E	resulting in death) LAS	т	4:						U				
MEDICAL	PART II. Other algnifica					n the un	derlyIn	g cause	given in	Part I. 24a. WAS PERF	AN AUTOPS1 ORMED?	241	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8		heur	natord	Arthri	+12					1 YES	2 🗌 NO		COMPLETION OF CAUSE OF DEATH?
ME										_			1 YES 2 NO
ä													
5	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		LACE OF I	DEATH (Ch	eck only one)			
PHYSICIAN:	1 YES 2 NO		1 Inpatient 2		_	4 🗆 Nun	ling Hon		insidence	6 Other (Specify)			
표	27, MANNER OF OEATH	Pending	28e. DATE Of (Month, i	F INJURY Day, Year)	26b. TIM		W	JURY AT ORK?		28d, DESCRIBE HO	V INJURY O	CCURED	
B	2 Accident	Investigation	00 00 000			М		YES 2 [_ NO				
ED		Could not be determined	building	OF INJURY — At I , etc. (Specify)	ome, farm, s	street, fact	ory, offic	00		261. LOCATION (Stre City or Town, Str	et end Numb ite)	er or Rural	Route Number,
Щ	29a, CERTIFIER				_								
AP.	(Check only 1 CERT									to the cause(s) and			
COMPLET	2 MED	ICAL EXAMINE	R: On the basis of	examination end/o	Investigatio	n, in my o	pinion, d	death occu	red at the	time, date end place,	end due to	the cause((e) end manner as stated.
BE (29b. SIGNATURE AND TITLE	OF CERTIFIES	" ///Stu	hru'_				29c LIC	ENSE NUN	769	29d, 0A	TE SIGNES	D (Moreth, Day, Hear)
2	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAL	JSE OF DEATH (IT	EM 27) (Type,	Print)		0	1 .		1//	317	001
ļ	KAKE	SM	C-SAH	N/	5201	GR	EEN	VISE.	17	RD. Su	te L	#3	College Par
ŀ	31. DATE FILED (Month, Day,	Year)	32 REGISTR	ARIS SIGNATURE								110	20740
	MAR 08199	11 44	ALL TOURS	-									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22—wurs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

4-6-90 Cm 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TUDITH ANN HUNTER 2-23-90 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) 90. FACILITY NAME (if not institution, give street and number) 90. FACILITY NAME (if not institution, give street and number) 91. CITY, TOWN OR LOCATION OF DEATH 92. FACILITY NAME (if not institution, give street and number) 93. FACILITY NAME (if not institution, give street and number) 94. CITY, TOWN OR LOCATION OF DEATH 95. COUNTY 106. CITY, TOWN OR LOCATION N/A 107. EXP CODE 108. STATE 108. COUNTY 109. STREET AND NUMBER 3404 Sherman Ave., NW 109. STREET AND NUMBER 3404 Sherman Ave., NW 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 10 Yea, specify Cuban, Maxican, Puarto Rican, etc.) 14. Was Discover Married 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Clive kind of work done during most of working life. Do NOT use retired.) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Margaret Hunter May	3. TIME OF DEATH 3. 25AM M BHATHPLACE (State or Foreign Country) Vashington, D.C. Y OF DEATH CE GEORGES CO. 10d. Inside city Limits? 1 1 Yes 2 No N OF WHAT COUNTRY? 4. RACE — American Indian, Black, White, etc. Specify: Black
JUDITH ANN HUNTER 2-23-90 4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 M F	3:25AM M BIRTHPLACE (State or Foreign Country) Ashington, D.C Y OF DEATH
STORES Town or location of death State	Country) Vashington, D.C Y OF DEATH CE GEORGES CO. 10d. INSIDE CITY LIMITS? 1 1 YES 2 NO N OF WHAT COUNTRY? 4. RACE — American Indian, Black, White, etc. Specify: Black
ST9-58-5848 1	Ashington, D.C Y OF DEATH CE GEOTGES CO. 10d. INSIDE CITY LIMITS? 1 Yes 2 NO IN OF WHAT COUNTRY? 4. RACE — American Indian, Black, White, etc. Specify: Black
9e. FACILITY NAME (If not institution, give street and number) 9e. CITY, TOWN OR LOCATION OF DEATH 9e. COUNTY 3712 Bladensburg Road Cottage City Print 10e. STATE 10e. COUNTY 10e. STATE 10e. COUNTY N/A 10e. STREET AND NUMBER 3404 Sherman Ave. 11. MARITAL STATUS 1 Shever Married 1 Shever Married 1 Shever Married 2 Merried 3 Midowed 4 Divorced 12. Mas DECEDENT EDUCATION 14. Specify only highest grade completed) 15. DECEDENT'S EDUCATION (Give kind of work done during most of working life. Do NOT use retired.) Student (Unemployed) 17. FATHER'S NAME (First, Middle, Last) James Brawner 9e. COUNT 9e. COUNT 10e. CITY, TOWN OR LOCATION OF DEATH 9c. COUNT 10e. CITY, TOWN OR LOCATION OF DEATH 9c. COUNT 10e. CITY, TOWN OR LOCATION OF DEATH 9c. COUNT 10e. CITY, TOWN OR LOCATION OF DEATH 9c. COUNT 10e. CITY, TOWN OR LOCATION OF DEATH 9c. COUNT 10e. CITY, TOWN OR LOCATION OF DEATH 9c. COUNT 10e. CITY, TOWN OR LOCATION OF DEATH 9c. COUNT 10e. CITY, TOWN OR LOCATION OF DEATH 10e. CITY, TOWN OR LOCATION 10f. ZIP CODE 10g. CITIZE 11. MARITAL STATUS 12. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14 Yes, a specify Cuban, Maxican, Puario Rican, etc.) 15 Yes 2 No Specify: 16 Norther SNAME (First, Middle, Maiden Surname) 16 Norther's NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Margaret Hunter May	Y OF DEATH CE GEORGES CO. 10d. INSIDE CITY LIMITS? 1 YES 2 NO N OF WHAT COUNTRY? 4. RACE — American Indian, Black, White, etc. Specify: Black
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James Brawner Margaret Hunter May	
James Brawner Margaret Hunter May	
James Brawner Margaret Hunter May	
James Brawner Margaret Hunter May	
James Brawner Margaret Hunter May	
19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip C	ode)
Margaret May 1741 Stanton Terr., SE Wash, DC 2002	.0
20s. METHOD OF OISPOSITION 20s. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20s. LOCATION — Cit other place)	ly or Town, Stata
4 Donetton 5 Other (Specify) Lincoln Memorial Cemetary Suitland.	MD
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	
Robert G. Mason Funeral Home	
Robert G. Mason 17. 1661 Good Hope Rd. SE Wash. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest	
23. PART It cliner the diseases, or compinations that caused this disease, no different cline and the diseases, or compinations that caused this disease of the disease of	st, Approximata interval Between
IMMEDIATE CAUSE (Final	Onset and Death
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DUE TO (OR AS A CONSEQUENCE OF):	
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that initiated events DUE TO (OR AS A CONSEQUENCE OF):	
resulting in death) LAST	
	Total Meter Authority Philipping
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NARCOTIC AND ALCOHOL INTOXICATION	OF DEATH?
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28. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 29. Action of Death 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Medidence 8 Other (Specify) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 28a. DATE OF INJURY 28b. TIME OF INJURY	JRED ELF r Flural Route Number, BLADENSBURG RD d. cause(e) and manner as stated.
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lospital or attending physician. Iched for use as the burial-transit permit. Pages 1, 2, 3 should

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a court	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or I	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the me
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MARIO F.

	for 1 - STATE REGISTRAR	STATE OF N	IARYLAN	D / DEPAR					MENTAI	L HYGIENI REG. NO.	E			
	1. OECEDENT'S NAME (First, Middle, Lest)								2. DATE	OF DEATH		YEAR	3. TI	ME OF DEATH
	FREDDIE	E		HOWAI	RD				3-5	5 - 90	NY.	YEAR	2:	37AM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER		IF UNDER			OF BIRTH			PLAC	E (State or Foreign
	220-14-4084	XXXM2 DF	62	YRS.	MONTHS	DAYS	HOURS	MIN.		1, Day, Year) -30-26		A . A		CO., MD.
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN O	R LOCATI	ON OF DE	ATH		9c. COU	NTY OF D		,
5	907 Bethune Road	ł				Balt	imo:	re C	itv		N/	Α		
DIRECTOR	RESIDENCE OF DECEDENT													
#	10e, STATE 10b, COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION							INSIDE CITY LIMITS?
		/A		E	BALTI								230	XXES 2 NO
Z	10e. STREET AND NUMBER					222	ZIP COD				10g. CIT	IZEN OF W	TAHV	COUNTRY?
UNEHAL	907 BETHUNE RO					2	1225	5			USA			
בַּ	11, MARITAL STATUS 1 Never Married 2XX Married	12. WAS DECEDEN FORCES? 1	T EVER IN U	S ARMED						I? (Specify Yea Rican, atc.)	or No-			merican Indian, ta, etc.
2	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATE	s			XXX					Speci		D.T. 1 G11
בר	15. DECEDENT'S EDUC	CATION	1 40	a. DECEDENT'S	HEHAL OF	CUBATIC	M		100	. KIND OF BUS	INECC/INI	MIETRY		BLACK
-	(Specify only highest grade	completed)	_	(Give kind of life. Do NOT u	work done o	during mo	st of worki	ing	100	C KIND OF DOG	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0031111		
2	Elamentary/Secondery (0-12)	College (1-4 or 5 -	,		UCK									
COMPLE	17. FATHER'S NAME (First, Middle, Last)				.ook .	DICE		HER'S NA	ME (First, I	Middle, Maiden	Sumame)			
	SAMUEL HOWARD	,					AN	INTE	GRAS	ON				
D D	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a				ber, City or Town	n, State, Zip	o Code)	•	
5	AUDREY HOWARD			907 F	ETHU:	NE F	OAD	(212	225)					
- 200	20s METHOD OF DISPOSITION 11 Partiel 2 Cremetion 3 Remo		20b, Pl	ACE OF DISPO	SITION (Na	me of cer	netery, cre	matory or		20c. LO	CATION -	City or To	wn, S	iteta
	4 Donation 5 Other (Specify)	oval from State		her place) STERN S	TAR	CEME	TERY	Č		BALT	CIMOR	E, M	AR	YLAND
	21, SIGNATURE OF FUNEITAL SERVICE LIC	ENSEE			22.	NAME AN	ID ADDRE	SS OF FA	CILITY					
	> Start	5 K.	O_n		BR	OWN /	THON	1PSON	I F.H	I. P.C). BO	X 44	33	(21223)
	23. PART I. Enter the diseases, or o	complications tha	Coused th	ne death. Do									1	Approximate
IJ	ahock, or haert fellure.						ac o. a,	mg, add		and or roup.	iotory or		1	Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	Cirrh	ocic (of the	1:170	m 7.77	th -	2001	toc				l	Onset and Death
	resulting in death)	0		ONSEQUENCE O		T AA T	LUI	ascı	LES				+	
	_			oholism									j	
5	Sequentielly list conditions, if any, leading to immediate	U		ONSEQUENCE O									+	
HILICATION	ceuse. Enter UNDERLYING													
1	CAUSE (Disease or injury that initiated events	OUE TO	(OR AS A CO	ONSEQUENCE C	NF):									
Y	resulting in death) LAST	d												
5	PART II. Other algolificant condition	a contributing to	deeth but	not reaulting	In the un	derivin	n cause	alven in	Part I	24a, WAS AN	ALITOPSY	24b	. WER	E AUTOPSY FINDINGS
3		_					9 00000	g.vo		PERFOR	RMED?		AVAI	LABLE PRIOR TO IPLETION OF CAUSE
MEDIC										XX YES 2	. □ NO		OF 0	DEATH?
													XX	MYES 2 □ NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 DI	ACE OF	DEATH /Ch	eck only o	00)				
PHYSICIAN:	EXAMINER?	HOSPITAL:	EB/Outpati	2 7 004	OTHER	R:								
Ě	27. MANNER OF DEATH	28a. DATE OF		28b. Til	1		URY AT	·gsidence	Υ	SCRIBE HOW I	NJURY OC	CURED		
	Natural 5 Pending	(Month, E	lay, Year)	IN	JURY M		PRK? YES 2	□ NO						
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE C	F INJURY -	At home, ferm,	street, fact	tory, offic	•			CATION (Street		or or Rurel	Route	Number,
COMPLETED	4 Homicide determined	bullaing,	atc. (Specify)	,					City	or Town, State)				
7	29e. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the best of	my knowled	ge, death occur	red at the t	time, date	and plac	e, and due	to the ca	use(s) and me	nner aa sta	nted.		
N N	(Check only one) 2 MEDICAL EXAMINE												e) and	manner ea stated.
	290 SIGNATURE AND TITLE OF CENTRAL	11	1	1				CENSE NU			7			nth, Day, Year)
BE	Wows I- U	Alle	AM	01				CME			•	3-5-		
2	30, NAME AND ADDRESS OF PERSON, WH	O COMPLETED CALL	DE DE DEAT	H HTEM 27 (Ten	o Oriett									

52 MEGISTRAN'S BIONATURE
Suka Davidson-Randall

VC

111 Penn Street, Baltimore, MD 21201

SMRUEL HOWARD

AUDREY HOWARD

WESTERN STAR CEMETERY

BALTIMORE, MARYLAND

1211-100-BROWN/THOMPSON F.H. P.O. BOX 4433 (21223)

ANNIE GRASON

907 BETHUNE ROAD (21225)

ities, I be

BALTMORE, MARYLAND 21203-3146	4 Trours after death Pare to me be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeration, and the funeration, or removal.	the state of the s
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death 25 mours af	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematio	components of the manufacture of the manufacture and allowed manufactures of the manufacture and the model and and manufactures and the model and and manufactures are not the model and and and an analysis of the model a

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	notified	
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	examiner	
or remova	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
ou,	he	١
, cremat	event, 1	
Duai	3	ł
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ygiene prior to bunal, crei	other	
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tter death	4	ŀ
aff	28	l
be filed within 72 hours aft	item	1
27	# 2	
vither	AN	I
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De De	M	I

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CERTIFICATE	OF DEAT	TH		REG. NO.

FOR STATE REGISTRAR		STATE OF MARYL			HEALTH AND	MENTA	L HYGIENE REG. NO.					
1. OECEDENT'S NAME (First	, Middle, Last)	-					OF DEATH			IME OF DEATH		
WILLIAM	D	Ţ	HEISE		SS	0.3	H DAY	90	AR 1(020 PM M		
4. SOCIAL SECURITY NUME	BER		In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE	OF BIRTH	8.1	BIRTHPLAC	E (State or Foreign		
216-20-42	28	1× M 2 □ F 6	4 YRS.	MONTHS DAY!	HOURS MIN.		/30/25		Country) Marv	ryland		
9a. FACILITY NAME (If not in	stitution, give stre	et and number)		9b. CITY, TOW	N OR LOCATION OF D		00/20		NTY OF DEATH			
NORTH ARINI	DEL HOS	PITAL		GLEN	BURNIE			A.A.	COU	YTY		
10a. STATE	10b. COUNTY		10c. CITY	Y, TOWN OR LO	CATION				10d.	INSIDE CITY		
MD	Anne	Arundel	Pa	saden	а				1 [YES X 📉 NO		
10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZEN		COUNTRY?		
7970 Will					21122			U	SA			
11. MARITAL STATUS		12. WAS DECEDENT EVER II	U.S. ARMED		ECENDENT OF HISPA specify Cuban, Maxico			or No— 14.	RACE - A Black, Wh	merican Indian, ita, atc.		
1 Never Married 2 3 Widowed 4 Divo		FORCES? THE YES	NTES		ES 2 NO Specific				Specify: hite			
15 DEC	EDENT'S EDUCA	TION	16a. OECEDENT'S	LISUAL OCCUPA	TION	161	. KIND OF BUSI					
(Specify onl	y highest grade co	ompleted)	(Give kind of v	vork done during se retired.)	most of working		3. KIND OF DOG					
Elementary/Secondary (unkhov	College (1-4 or 5+)	sales				manı	ıfact	urir	12		
17. FATHER'S NAME (First, M					16. MOTHER'S NA	AME (First,						
Lewis Ran	dolph	Heise					T. W:					
19a. INFORMANT'S NAME (19b. MAILING	ADDRESS (Stre	et and Number or Rural				de)			
Elizabeth	H. Re	uling	1206	Tugw	ell Driv	ve/B	alto.	MD	2122	28		
20a. METHOD OF DISPOSIT	ION	206	PLACE OF DISPOS		cemetery, crematory or			ATION — City	or Town, S	Stata		
1 Quriel 2 Crematic	(Specify)	al from State	other place)	hedra	1 Cemete	erv	Bal:	timor	e. N	1D		
21. SIGNATURE GE FUNERA	L SERVICE VCE	NSEE		22. NAME	AND ADDRESS OF FA	ACILITY						
+	X	(Jal de			rling As							
23. PART I. Enter the d	lieeases, Dr cD	mplicatione that cause	the death. Do r		Edmonds					Approximate		
shock, or h	eart fallure. Li	st only one cause on e						,		Interval Batween Onset and Death		
IMMEDIATE CAUSE (Finding disease or condition	nal	Detu					1		i	Onsot and Dead		
resulting in death)	a.	DUE TO (OR AS /	CONSEQUENCE OF	El:	er	r	2ch		1			
		ALC: U			0		,		Ì			
Sequentially list condit		DUE TO (OR AS A	CONSEQUENCE OF	F):								
ceuse. Entar UNDERLY	ING											
CAUSE (Diseese or Injuthat initiated events		DUE TO (OR AS A	CONSEQUENCE OF	F):								
resulting in death) LAS	ST d.											
PART II. Other significa	ent conditione	contributing to deeth b	ut not resulting	in the underly	ring cause given in	Part I	24s. WAS AN	UTOPSY	24h WEI	RE AUTOPSY FINDINGS		
				iii bio airaoir	ang could give in		PERFORI	AED?	AMA	ILABLE PRIOR TO MPLETION OF CAUSE		
							1 YES 2	M NO	OF	DEATH?		
									1 _	YES 2 NO		
25. WAS CASE REFERRED 1	TO MEDICAL T			28	PLACE OF DEATH (C	hack only o	l noe)		L			
EXAMINER?	22-12	HOSPITAL:	netlant 2 DOA	OTHER:								
27. MANNER OF DEATH		28a. DATE OF INJURY	28b. TIM		INJURY AT	1	er (Specify) SCRIBE HOW IN	JURY OCCUR	ED			
	Pending	(Month, Day, Year)		JURY	WORK?							
2 Accident	Investigation	28e. PLACE OF INJURY	— At home, farm.			281. LO	CATION (Street a	nd Number or	Runel Route	Number		
3 Suicide 8 Homicide	Could not be determined	building, etc. (Spe		,			y or Town, State)					
29a. CERTIFIER						1						
(Check only		AN: To the best of my know On the basis of examination							ause(a) and	d manner as stated.		
29b. SIGNATURE AND TITLE				B A -			1					
THE BRANCHE AND THE	C OF CENTIFIEN		1~	7	DID (F0 0		b /se	muser (Mo	a 1/2 O		
30. NAME AND ADDRESS C	F PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	. Print)	1700	46		100	. 1	1410		
DR CHARLE		600 CRAIN F	B ₁₀₀		IRNIE MD.	2106	61			1 / /		
31. DATE FILED (Month, Day	00000	32 REGISTRAR'S SIGN	ATURE									
MAK	00 133U	gula Devido	- Marketon									

DHMH-18 Rev 1/89

1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Last) Dougl	as	Α.	Hudson	Jr.		, 1990	3. TIME OF DEATH 3:12P
4. SOCIAL SECURITY NUMBER 224-98-8097	1 M 2 F	n yrs. last birthday) 31 vrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		58	RTHPLACE (State or Foreign unitry) VIRGINIA
9a. FACILITY NAME (If not institution, give see Peninsula General RESIDENCE OF DECEMENT	·		Salis		EATH	Wicomi	co County
10a. STATE 10b. COUNT	ν ,		RTSMOU				10d, INSIDE CITY LIMITS? YES 2 NO
10a. STREET AND NUMBER 3612 FC	ORTUNE LANE		10f.	ZIP CODE 237	03	U.S	• A •
11, MARITAL STATUS 1 Never Milheled 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe		NIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	В	ACE — American Indian, leck, White, etc. pecify: WHITE
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPATIO rork done during mos e retired.)	N t of working	16b. KIND OF BU	ISINESS/INDUSTR	Y
11 17, FATHER'S NAME (First, Middle, Last)		CON	STRUCTI		BRIDG		
	DOUGLAS A.		SR.	BETT	Y ANN SP	ATTIFO	
19a. INFORMANT'S NAME (Type/Print) SNELLINGS F	.н.	72-21 (CHO) (1074 (CE)			Route Number, City or Tow TSMOUTH		
20a. METHOD OF DISPOSITION 1		PLACE OF DISPOS other place)		etery, crematory or	20c. L	OCATION — City o	
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1	H.W.J	ENKINS	AND 4905	s co.	BALTO MB12
23. PART i. Enter the diseases or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cranio-C	ach line	trauma a	. 51		piratory arrest,	Approximate interval Betwee Onset and Des
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF					
PART II. Other significent condition	ns contributing to death b	ut not resulting	in the underlying	cause given in		RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C/	neck only one)		
XDSIXES 2 NO	HOSPITAL: X.S. Impetient 2 ER/Outs 28a. DATE OF INJURY	patient 3 DOA 26b, TIM	4 - Nursing Hom		6 Other (Specify)	INTERNAL OCCURRE	0
1 Natural 5 Pending 2 Sections Investigation	(Month, Day, Year) 3-5-90 28e. PLACE OF INJURY	1:0	OPM HE	RK? ES 2 NO	Subject s from brid	ge and	y cable, fel drowned
3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spec	Br	idge-wat	er	Bridge, F	t. 331,	Fishing Cree
	SICIAN: To the best of my know						
296. SHORTURE THE TITLE OF CERTIFIE	- for	-		29c. LICENSE NU	MBER		NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W		ATH (ITEM 27) (Type	, Print) Penn Stra		imore,MD 2	21201	VC
FRANK PEKETTI, M	BEAREGISTRAR'S SIGN		enn Stre	et,Balt	imore,MD 2	Z1ZU1	VC

.

if. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

#MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STAT	OF	MARYLAND	/ DEPARTI	WENT OF	HEALTH	AND	MENTAL
		С	ERTIFIC	ATE O	F DEAT	ГН	

٠,	1 - FOR REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) DANIEL W	. HOBB	S, JA	Dani	el W.	2. DATE O	S O	6 9d	3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215 - 14 - 8014	5. SEX 8. AGE	(In yrs. lest birthdey) 76 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		Day, Year)	> 1	Country)	CE (State or Foreign
<u> </u>	9e. FACILITY NAME (If not institution, give str Mercy Hospital				or Location of DE			9c. COUNTY		
5	RESIDENCE OF DECEDENT								-	
DIMECTOR	Md.		10c. Cl1	ry, town or loca Balt	imore				100	d. INSIDE CITY LIMITS? YES 2 NO
A.	10e. STREET AND NUMBER			10	H. ZIP CODE			10g. CITIZEN	OF WHA	T COUNTRY?
ONEH	4433 Raspe Aven					1206		U.S.	Α.	
DY T	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER I FORCES? 1 1 1 YES IF YES, GIVE WAR OR D WWII	2 NO	If yes, s	CENDENT OF HISPAR pecify Cuban, Maxica S 2 NO Specif	n, Puerto R		or No.— 14.	RACE Black, W Specify:	American Indian, hita, atc. White
	15. DECEDENT'S EDUC (Specify only highest grade of	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPAT work done during m see retired.)	ION ost of working	16b.	KIND OF BUS	INESS/INDUST	TRY	
COMPLE	Elementary/Secondary (0-12)	6 yrs.	Mgr. Fis	cal Age	псу	Fe	ederal	REser	ve I	Bank
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA					
H E	Daniel W. Hol	obs Sr.					arie S			
2	19e. INFORMANT'S NAME (Type/Print) Marjorie R. Hot	ffmaster			end Number or Aural Venue Ba					206
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	oval from Stata	other place)		emetery, crematory or			ation – chy n Burr		
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC				AND ADDRESS OF FA	CILITY				
	>			John	C. Mille	er, I	3.0	15 Bel ltimor		koad 121206
	23. PART I. Enter the diseases, or c shock, or heart feilure. I IMMEDIATE CAUSE (Final disease Dr condition resulting in death)	List only one couse on a	asch line.	tin			lac or reepli	atory errest	,	Approximate Interval Between Onset and Death / Shiri
HILLAHON	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE O	OF):	rcinon	70				9 west
5		1								
MEDICAL	PART II. Other significant condition	s contributing to death	but not resulting	In the underlyle	ng cause given in	Part I.	24a. WAS AN PERFOR	MED?	AN CC Of	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. I	PLACE OF DEATH (C)	heck only on	e)			
2	1 U YES 2 ANO	1 inpetient 2 - ER/Out		4 - Nursing Ho	me 5 🗆 Residence					
BY PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		IJURY W	IJURY AT ORK? YES 2 NO	28d. DES	CRIBE HOW II	NJURY OCCUR	IED	
	3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, ec/ly)	street, factory, off	ice	28f. LOCA City of	ATION (Street a or Town, State)	nd Number or	Rural Rou	le Number,
COMPLETED	and and	CIAN: To the best of my known R: On the basis of examination							ause(a) ai	nd menner as stated.
O BE C	Mandy Have	un prelie	1		29c. LICENSE NU	MBER		29d. DATE S	IGNEO (M	onth, Day, Year)
=		COMPLETED CAUSE OF O	EATH (ITEM 27) (TYPE 3 W / ST	e, Print)	L. RDO	non	ne, a	19 2/1	62	
	MAR 0 8 1990	32. REGISTRAR'S SIG		32						

BALTIMORE, MARY AND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 must be interested to The FUNERAL DIRECTOR: After this certificate has been sloned by the attending physician and completely filled in by the hineral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examinar must be neutified.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEOENT'S NAME (First,	ECCOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 4. 90 4. 90 MONTH MONTH MONTH 4. 90 MONTH													
John J. Isola											-2	+	90"	M
MONTHS DAYS MOUTES AND (Month, Day, Year) Country)											IPLACE (State or Foreign			
			84	ŀ	YRS.					L	26, 1		N	lew York
9a. FACILITY NAME (If not in						9b. CIT	r, TOWN	TOTAL		ATH		9c. COU	NTY OF 0	
954 Radcli		1.						Tows	on				B€	ilto.
10a. STATE	10b. COUNTY	r		1	10c. CITY	Y, TOWN	OR LOC	CATION						10d, INSIDE CITY LIMITS?
Maryland	Bal	Lto.				Tows	son							1 YES 2 NO
10e. STREET AND NUMBER	CC	7.1					1	10f. ZIP COD	204			10g. CIT		YHAT COUNTRY?
954 Radcl	iffe					1								
1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES	2 PN			If yes,	specify Cub	nn, Maxica	HC ORIGIN? (S n, Puerto Rica	n, etc.)	or No-	Blac	E — American Indian, k, While, etc.
3 🖺 Widowed 4 🗌 Divo		IF YES, GIVE V	WAR OR D	ATES			1 [] YI	ES 2 📉 NO	Specifi	<i>y</i> :			Spec	"Y: White
	EDENT'S EDU y highest grade			(Giv	EDENT'S	vork done	during I	TION most of work	ing	16b. KII	ID OF BUS	SINESS/INI	DUSTRY	•
Elementary/Secondary (0	1	College (1-4 or 5	+)	life. I	Do NOT us	e retired.)					17		- D1	
8				Ph	oto	En	grav						ie Pi	noto.
17. FATHER'S NAME (First, M								18. MOT	Mar Mar	ME (First, Midd	le, Maiden nknow			
John Tsol			_	196.	MAILING	ADDRES	S (Stree	et and Numbe		Route Number,			p Code)	
J. Isola														
20p. METHOD OF DISPOSIT	on 3 🗌 Ram	over from State	20k	PLACE C	E DISPOS	SITION (N	lama of a	3/6	metory or					Na I
21. SIGNATURE OF FUNERAL SERVICE ALCEN TO 22. NAME AND ADDRESS OF FACILITY 1050 York Rd. 21204														
> Tongle	160	Shalu	1 4	k		1 6	Ruci	k Tow	son :	Funera				21204
23. PART I, Enter the d						not enta	r the n	mode of d	/Ing, suc	h es cerdied	or respi	ratory er	rest,	Approximeta
shock, or h	n ol	List only one ca							/					Interval Between Onset and Death
disease or condition resulting in death)	→	Caro	POP	ulm	ONO	82	de	RRES	1					invedit 6
l document		a. Or conditions	(OR AS	A CONSEC	UENCE OF	7:/	4	FA	Jun.	P			Caro	wedin to
Sequentially list conditions if eny, lasting to imme	lons,	Di-		A CONSEC			- [, , , ,	, , , ,	C			0,06	year.
cause. Enter UNDERLY CAUSE (Disease or Inju	ING	C												
that initiated events resulting in death) LAS		OUE TO	(OR AS	A CONSEQ	UENCE OF	F):								
readiting in death) LAS	"	d												
PART II. Other algolifica	ent condition	ns contributing to	death b	but not re	sulting	In the u	nderiy	ring cause	given in	Part I. 24	a. WAS AN		241	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
										_ 1	YES 2	-		COMPLETION OF CAUSE OF DEATH?
														1 YES 2 NO
(-												
25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSSITAL				-	-	PLACE OF	OEATH (C	eck only one)				
1 YES 2 JAO		HOSPITAL:	☐ ER/Out	patient 3	□ DOA	4 N		lome 5 🗂	Residence	8 Other (S	(pecify)			
27. MANNER OF DEATH	Pending	28a. DATE O (Month,	F INJURY Day, Year)		28b. TIM	E OF JURY	1	INJURY AT WORK?		28d, DESCR	IBE HOW I	NJURY O	CCURED	
2 Accident	investigation	20 - PL 407	DE MARK	v		M		YES 2	<u></u> ₩0	001 1007	ON /C	and March		Deute Mumber
3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE building	, etc. (Spe		me, rarm, :	street, 10	ctory, o	Mce			ON (Street lifewn, State)		er or Hurai	Route Number,
290. CERTIFIER	TIFYING PHYS	ICIAN: To the heat	(my know	riedas de	occurre	ad at the	time 4	late and nier	e, and de-	to the cause	a) and me	nner as st	ated.	
(Crieck Orny	(Check only													
296. SIGNATORE AND TITL	E OF CENTIFIE	1/0			10	2		29c. Li	CENSE NU	MBER 283		29d. DA	TE SIGNE	O (Mgnth, Day, Year)
30. NAME AND ADDRESS O	M DEBRON	J-file	ms	EATU ST	A DOD CO	<u></u>		10	52	+83			1/3	120
Joseph A	dams M	.D. 74	01 0	sler	Dr.	Tow	son	, Md.	212	:04				
31. DATE FILED (Month, Day	(0 1000		AR'S SIGN	MATTASA	delle									
MAR U	וכנו סו	Funda												DHMH-16 Bay 1/8

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR	CERTIFIC	ATE OF	DEATH	REG. N	О.			
	·	ie Fiedl	.er		2, DATE OF DEATH	4	98	3. TIME OF DE	ATH A. M
	215-03-7626 1 D M 2XXF 7	9 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-21-10		B	alto.,M	
TOR	90. FACILITY NAME (If not institution, give street and number) Inns of Evergreen NE RESIDENCE OF DECEMENT	9		ltimore	ATH	11.50	/a	PEATH	
DIRECTOR	Md . N/A		timore	TION				10d. INSIDE CI LIMITS? 1 VES 2	
FUNERAL	10e. STREET AND NUMBER 5837 Belair Rd.		10	21206		10g. Cl	USA	WHAT COUNTRY	ř
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 WWildowed 4 Divorced 12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	NO	If yes, sp		IIC ORIGIN? (Specify n, Puerto Rican, etc.)	Vee or No	14. RACI Blac Spec	E — American in k, White, atc. Hy: Whit	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Unknown	Give kind of word life. Do NOT use in Homema	k done during mo etired.)	DN st of working	16b, KIND OF E	HOME			
MO	17. FATHER'S NAME (First, Middle, Lest)	пошеша	ver	18. MOTHER'S NA	ME (First, Middle, Meid				
BE C	Joseph Helgert			Margare	et Ur	know	n_		
10	19a. INFORMANT'S NAME (Type/Print)				Route Number, City or 1		(ip Code)		
	1 ABuriel 2 Cremetion 3 Removal from State	LACE OF DISPOSIT	ION (Nama of ce	Rd. Ralto motery, crematory or Lth CEM	20c.	21206 LOCATION - DSSVI			
	21. SIGNAPURE OF FUNERAL BERVICE LICENSEE				-ASHTO		FH		11/
CERTIFICATION	ahock, or heert failure. List only one cause on each immediate cause or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ONSEQUENCE OF):	and	Mayor Li Cars	andid In tionareal	ford Da	vi.		Batween and Daath
MEDICAL	PART II. Other significant conditions contributing to death but	not resulting in	tha undarlyin	g cause given in	PERI	AN AUTOPS FORMED?	Y 24	b. WERE AUTOPS' AMAILABLE PRIN COMPLETION O OF DEATH? 1 YES 2 [OR TO OF CAUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. P	LACE OF DEATH (Ch	eck only one)				
IYSI	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 2. MANNER OF DEATH 28e. DATE OF INJURY		Nursing Hor	ne 8 🗆 Residence	8 Other (Specify) 26d. DESCRIBE HO	W IN HIEV C	CCHRED		
B	1 Natural 8 Pending (Month, Day, Year) 2 Accident Investigation 3 Suicide 28e. PLACE OF INJURY	At home, farm, str	M 1 🗆	YES 2 NO	281. LOCATION (Stre			Route Number,	
ETED	4 Homicide determined building, atc. (Specify))			City or Town, St	ate)			
COMPLETED	29e. CERTIFIER (Check only orne) 2 MEDICAL EXAMINER: On the basis of examination s							(a) and manner a	a stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHY COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type. F	Print)	29c. LICENSE NU DOO 4:	1000	29d. D.	3/6/	90 Month, Day, Ye	nr)
	Dr. Albert Bradley 4900 Belai 31. Date FileD (Month, Day, Year) 32. REGISTRAR'S SIGNAT	r Rd. I	 Balto.,	Md. 21	206				
	MAR 08 1990 Julia Devident	andall-							

attal or attending physician. p 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be ret TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 is filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, M. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ed for use as the burial-transit permit. Pages 1, 2, 3 should

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ń	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hospitals	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completer, med be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or
DIVISION OF VITAL RECORDS, P.O. BOA 13149,	cuted	d com
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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATN
	James Fra	nklin	Keyes.	Sr.		3 6	90	11:15 D M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTNPLACE (State or Foreign
	213-07-4561		90 YRS.	ONTHS DAYS	HOURS MIN.	8/10/189	9c. COUNTY	/irginia
œ	Heartlands	reet and number)	T,	Elli		AIN	Howa	
DIRECTOR	RESIDENCE OF DECEDENT						HOWE	114
) ji	10e. STATE 10b. COUNTY	7	10c, CITY,	TOWN OR LOCAT	ON		-	10d. INSIDE CITY LIMITS?
a	MD Balt	imore						1 TES NO
A	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
<u> </u>	14 Eastship Ro	ad		2	1222			USA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED			IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No- 14.	. RACE — American Indian, Black, White, etc.
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR I			2 NO Specify			Specify:
	K		1 20-22-0-2-0-2-0-2-0-2-0-2-0-2-0-2-0-2-0	1		T		vhite
COMPLETED	15. DECEOENT'S EOU((Specify only highest grade		(Give kind of wor	rk done during mos		16b. KIND OF BUS	SINESS/INDUS	TRY
"	Elementary/Secondary (0-12)	College (1-4 or 5+)		_				
N N	high school 17. FATHER'S NAME (First, Middle, Last)		heat c	ontrol	man	ME (First, Middle, Maiden	hom S	Steel
8	Benjamin Frank	lin Kovos				Menty C		
BE	190. INFORMANT'S NAME (Typo/Print)	.IIII Keyes	400 14411 1110 4	DDDF00 (Church o		ROUTE Number, City or Tow		
오	John F. Keyes							City MD 21043
TO BE COM	20a, METHOD OF DISPOSITION		b. PLACE OF DISPOSIT					y or Town, State
	1 Sp Buriel 2 Cremetton 3 Remi	oval from State	other place)		retery, crematory or			
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Oak Law		D ADDRESS OF FA		rimor	e, MD
							orol	Home, Inc.
	23. PART I. Enter the disease, pro	Hole.		213	4 Willo	u Chrine	DJ/D	alto Approximete 2122
4		a. Blate		week	1 /	neumol	<	Interval Between Onset and Death
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	A CONSEQUENCE OF):					
CE	PART II. Other significent condition	a contributing to deeth	but not resulting in	the underlying	ceuse given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
DICAL	Dementia			and uniderrying	y occur given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
: MEDI	Parkinga					1 YES :	∑ □ NO	OF DEATH?
Σ	- Fucking v	rique				—		1 YES 2 NO
AN	25. WAS CASE REFERRED JO MEDICAL			of Di	ACE OF DEATH (Ch	not ont one)		
YSICI	EXAMINER?	HOSPITAL:		отный:				
	1 YES 2 10	1 Inpetient 2 ER/Ou				6 Other (Specify) 28d. OESCRIBE HOW	IN HIRV OCCUR	DED.
РНҮ	1 Maiurel 5 Pending	(Month, Day, Year)	INJU	RY WO	RK?	28d. DESCRIBE NOW	INJOHT OCCUP	NED
B	2 Accident Investigation	26a PLACE OF WALLE	TY — At home, farm, str		_	28f. LOCATION (Street	and Number or	Rural Bouts Mumber
	3 Suicide 6 Could not be 4 Nomicide determined	butiding, etc. (Sp			•	City or Town, State		Tidad Tidado Tigritado,
E I	29a. CERTIFIER							
MPL	(Check only	ICIAN: To the best of my kno						
S			non entror investigation.	, at the opinion, d				couse(e) end menner en stated.
BE	296 SIGNATURE AND THE OF CERTIFIE	who			29c. LICENSE NUI	MBER 9	29d. DATE S	SIGNEO (Munth, Day, Year)
일	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D						1
	BRAB J. COOF	PER, M.D.	4501 01	d annay	20/15 PM	. ELLICOT	T CiTV	MD. 2043
	31. DATE FILED MAN DAY AND 100	32 AEGISTRAN'S SIG					//	

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, particularly filled in by the funeral director.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiper must be	

	REGISTRAR	CERTIFICA	TE O	DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) MARGARET K.K	UEHNE			2. DATE OF DEATH DATE DATE DATE DATE DATE DATE DATE DATE	 5.19	YEAR	3. TIME OF GEATH	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. $212-10-3223$ $1 \square$ M $212 \square$ F 83		THS DAYS		7. DATE OF BIRTH (Month, Oay, Year) SEPT . 3	,06	8. BIRTHP Country)	MD .	
_	9a. FACILITY NAME (If not institution, give street and number)	9b.	CITY, TOW	OR LOCATION OF DE	ATH	9c. COU	NTY OF DE	ATH	
Ē	MERIDIAN LONG GREEN N.H.		BALT	MORE					
DIRECTOR	10s. STATE 10b. COUNTY MD .	10c. CITY, TO BAL'	WN OR LOC			10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO			
	10e. STREET AND NUMBER			of. ZIP CODE		10g. CIT		HAT COUNTRY?	
FUNERAL	115 EAST MELROSE AV	Ε.		21	212		U.S.	Α.	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES IF YES, GIVE WAR OR DATES	ARMED	If yes,	ECENDENT OF HISPAN specify Cuben, Mexican ES 2 NO Specify		or No—	14. RACE Black, Specify	- American Indian, White, atc. WHITE	
8	15, DECEDENT'S EDUCATION (Specify only highest grade completed)	DECEDENT'S USU	AL OCCUPA	TION most of working	16b. KIND OF BU	SINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work of the Do NOT use retailed OFFICE	red.)	out or working	INSU	RANC	CE.		
OMI	17. FATHER'S NAME (First, Middle, Last)	011102		18. MOTHER'S NAI	ME (First, Middle, Maiden				
BE C	HENRY R. KUEHN	E		MAR	GARET AN	N CC	OPEF	₹	
10 B	19e, INFORMANT'S NAME (Type/Print)				Route Number, City or Tow				
	ROBERT EADS				BALTIMOR			212	
_	ND Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	r nlene)	OON		BA		ORE	MD . 21229	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Di		AND ADDRESS OF FA	490			ROAD 21212 LTO.MD	
	23. PART I. Enter the disesses, or complications that caused the ahock, or heart fellure. List only one cause on each I IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONDITION OF THE PROPERTY OF THE PROP	Iratory si	rrest,	Approximate interval Between Onset and Death					
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (or As A consequence of):								
	PART II. Other aignificant conditions contributing to death but no		0	Ing cause given in	Part I. 24s. WAS AP		246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
EDICAL	- Raduculities der	veca	04	Sumba	1 🗆 YES	-		COMPLETION OF CAUSE OF DEATH?	
ME	2 do gstesan	Liciti	074	esultu	~			1 - YES 2 - NO	
AN	25. WAS CASE REFEREND TO MEDICAL	n 4-1	200	PLACE OF DEATH (Ch	2				
SICL	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatien	3 7 004	THIRR:	ome 5 🗆 Raeldenca					
PHYSICIAN:	27. MANNER OF BEATH 28s. DATE OF INJURY (Month, Dev. Year)	28b. TIME OI	- T	NJURY AT	28d. DESCRIBE HOW	INJURY O	CCURED		
ВУ	1 Nitral 5 Pending 2 Accident Investigation			YES 2 NO					
	3 Suicide S Could not be determined 28e. PLACE OF INJURY — A building, etc. (Specify)	t home, farm, stree	t, factory, o	ffice	281, LOCATION (Street City or Town, State		er or Rumai A	oute Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basis of examination and							end menner se stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER Norman R. Freeman	-Q	MD	29c. LICENSE NUI	LOO/	29d. DA	mana	(Morth, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH NORMAN R. FREEMAN JR.			CHARLES	STREET	212	18		
	31. DATE FILED (MONTH, Day, Year) MAR 0 8 1990 Stakie Drividson-A								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be nell	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
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IMPORTANT: If Item 28 is marked, or	Y P
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	1. DECEDENT'S NAME (First,	Middle, Last)	/	111	_	1 /	11 11	2. DATE OF DEATH	3. TIME OF DEATH			
1	1/050	e114	Josep	sh Leo	Kelly	3 3	3	90 9:301	, M			
	4. SOCIAL SECURITY NUMB	₽R	5. SEX	6. AGE (In yrs. las		IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHPLACE (State or Foreign Country)	gn	
1	218-05-7	1047	1 M 2 - F	69	YRS.	MONTHS DAY	B HOURS MIN,	1-31-	31	Md.		
	9a, FACILITY NAME (If not in:	stitution, give sti	reet and number)	4		9b. CITY, TOW	N OR LOCATION OF DE	EATH	9c. COUN	9c. COUNTY OF DEATH		
O.B.	ST, Jo:	seph	Hospit	L.		Tow	son , 1	nd	Be	altimore	2	
5	RESIDENCE OF DEC	10b. COUNTY			40. 01774					404 INDIOS OFTY	=	
DIRECTOR	Md.		ltimore		10c. CITY,	Colgo				10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER		canore			Conga	101. ZIP CODE		100 CITI	1 YES 2 NO	<u>-</u>	
FUNERAL	7608 Gouch	Stopp	+				21224		log. Citi.	// C A	- 1	
NE NE	11. MARITAL STATUS	James		IT EVER IN U.S. AR	MED	12 446	2122.	NIC ORIGIN? (Specify Ve	o or No.	14. RACE — American Indian.		
	1 Never Merried 2 🔀	Married		YES 2 N		If yes,	specify Cuban, Mexica 'ES 2 NO Specifi	n, Puerto Rican, elc.)	a or no—	Black, White, etc.		
BY	3 Widowed 4 Divo	rced	W.W			'''	ES ZALI NO Spiece	γ:		White		
COMPLETED	15, DEC	EDENT'S EDUC	CATION completed)	18a. DE	CEDENT'S t	JSUAL OCCUP	ATION most of working	16b. KIND OF BO	ISINESS/!ND	USTRY		
	Elamentary/Secondary (0	College (1-4 or 5			most of working	Easton	n Sta	inless Steel				
MP	5			yaz.	-wax	er fitt	endant			THESS TREET		
00	17. FATHER'S NAME (First, M	44 4 4						ME (First, Middle, Maide				
BE		Kelly						iret Hendr				
5	Helen (Ke			7				Route Number, City or To , Md. 2122		Code)		
	20s. METHOD OF DISPOSIT	ION	oval from State	20b. PLACE other pli	ecel o		cometery, crematory or			City or Town, State		
	4 Oonation 5 Other	(Specify)			Va	k Lawn	4		stwoo	d, Md.		
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	1			AND ADDRESS OF FA		6224			
	har	le ,	v. Je	ver		(ha	rles S. Ze	eiler & So	n Inc	· Eastern A	ve.	
	23. PART I. Enter the d					ot enter the	mode of dying, suc	ch as cardisc or ree	iretory srr	est, Approximet		
	IMMEDIATE CAUSE (Fir		List only one cs							Onset and f		
	disease or condition reculting in desth)	→	e. C	acute	my	ocaro	hat inf	eare				
	NEWCOLD COMPANY		DUE TO	(OR AS A CONSE	DUENCE OF):	7/1					
Z	Sequentially list condit	ions.					ey aus					
Ĕ	If any, lesding to imme cause. Enter UNDERLY	diste	DUE TO	OR AS A CONSE	DUENCE OF) :	,					
5	CAUSE (Diseese or inju		c. DUE TO	OR AS A CONSE	DUENCE OF):						
Ē	that initieted events resulting in death) LAS	er i		,	11	,				[
CERTIFICATION			d									
	PART II. Other significe	ent condition	s contributing to	desth but not i	resulting in	n the underl	ying csuee given in		N AUTOPSY	24b. WERE AUTOPSY FINI AVAILABLE PRIOR TO		
MEDICAL								1 _ YES	2 X NO	COMPLETION DF CAP OF DEATH?	USE	
ME									•	1 YE\$ 2 NO	·	
ž												
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:	. PLACE OF DEATH (CI	heck only one)			-	
YSI	1 YES 2 NO	_	1 Skinpatient 2	☐ ER/Outpatient 3		4 - Nursing	fome 5 - Raaldenca	T			_	
	27. MANNER OF DEATH 1 Natural 5	Pending	26a. DATE O (Month, i	FINJURY Day, Year)	28b. TIME	URY	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OC	CURED		
BY	2 Accident	Investigation	26a DI ACE	OF INJURY — At he	me form o		YES 2 NO	284 LOCATION /Street	t and Mumba	r or Rural Route Number,	\dashv	
E		Could not be determined	building	, alc. (Specify)	ning, sairii, a	creer, ractory,	nice	City or Town, Stat	e)	or nurer noote number,	- 1	
Ē	29e. CERTIFIER											
COMPLET	(Check only	A 10 10 10 10 10 10 10 10 10 10 10 10 10						e to the cause(a) and m		ted. he cause(a) and manner as ata		
8	-				veagatio	n, m my opinic					refu.	
BE	29b. SIGNATURE AND TITLE	OF CERTIFIER		1			29c. LICENSE NU	1MBER 2620		S = SIGNED (Month, Day, Year)	- 1	
9			1	- '	M 270 (7-	D-I-Al	D	V 6 20		3-70		
	20 NAME AND ADDRESS O	E DEDOAN WAL	O COMPLETED OF	ICE OF OF ATLL ATT								
	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAL	JSE OF DEATH (ITE	m 21) (1ype,	PTIRK)						
						rnm)						
	30. NAME AND ADDRESS O					rnm)						

MARGARITA A. KORELL, MD

32. REGISTRAR'S SIGNATURE

July Davidson Mandall

31. DATE FILED (Morith, Day, Year)
MAR 08 1990

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Present institute by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral when the property of the funeral when the forest of the funeral when the funeral when the funeral forest of the funeral when the funeral forest of the fun	DOUL	IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar missages notified at	
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	- STATE REGISTRAR				TMENT OF I			MENTAL	HYGIEN	E		
i			CI	ERTIF	ICATE OF	DEAT	ГН		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) VE	RNON L	EE	M	ORTON			2. DATE MONTH	6-90	NY.	YEAR	3. TIME OF DEATH 1:26AM M
	4. SOCIAL SECURITY NUMBER	5. SEX 1 (M) 2 (I) F	6. AGE (In yrs. les	, , , , , , , , , , , , , , , , , , , ,					OF BIRTH , Day, Year)		Count	**
	218 36-2877 9a. FACILITY NAME (If not institution, give at 807 N. Patterson	reet end number)		96. CITY, TOWN OR LOCATION OF DEAD Baltimore Cit					14 40		M OF I	
Ē.	RESIDENCE OF DECEDENT	Palk Ave	enue		Dai	CTHOT	6 61	- Cy				
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION $BALTIMORE\ CITY$									10d. INSIDE CITY LIMITS? VFYES 2 NO
H.	10e. STREET AND NUMBER				10	f. ZIP CODI	E			10g. CI1	IZEN OF	WHAT COUNTRY?
8	807 NORTH PATT	ERSON E	PARK A	ZENU	E	212	05			U	SA	
BY FUNERAL	11. MARITAL STATUS 1 Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	S DECEDENT EVER IN U.S. ARMED RCES? 1 VES 2 (1) NO YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HIS If yes, specify Cuben, Me 1 VES 2 (1) NO S2					n, Puerto F		or No—	14. RAC Blac Spec	E — American Indian, ck, White, etc.
9	15. DECEDENT'S EDUC	CATION	16a, DI	ECEDENT'S	USUAL OCCUPAT	ON		16b.	KIND OF BUS	SINESS/IN	DUSTRY	
LETE	(Specify only highest grade completed) Elementary/Secondary (0-12) 1 0 th Grade (Give kind of work done during most of working life. Do NOT use refered.) UNEMPLOYED NA											
E COMPLET	10 th Grade UNEMPLOYED INA 17. FATHER'S NAME (First, Middle, Lest) CHARLES MORTON UNKNOWN											
TO BI	19e. INFORMANT'S NAME (Type/Print) HILDA HECKSTALL 807 N. PATTERSON PK. AVE./BALTO.MD											MD 21205
	26a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo	oval from State	20b. PLACE other p	of Dispo	ion Ce	metery, crem	natory or					own, State
1	21. SIGNATURE OF PUREFUL SERVICE LIC	Else	m		22. NAME /	ND ADDRE	SS OF FA	CILITY	. 110) 1 E	?. N	ORTH AVE.
	23. PART I. Enter the diseases, prosphere.				not anter the m	ode of dy	ing, suc	h as card	diac or respi	iratory a	rreat,	Approximete Interval Between
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	· . V	osis of		liver							Onset and Death
_			ic alco									
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		(OR AS A CONSE									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST		(OR AS A CONSE	OUENCE	PF):							
MEDICAL C	PART II. Other significant condition	a contributing to	death but not	resulting	in the underlyi	ng ceuse	given in	Part i.	24e. WAS AN PERFOR	RMED?	24	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
								_				XXX YES 2 □ NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? Continue											
PHY	27. MANNER OF DEATH XXXIII 5 Pending	26b. Til	WE OF 28c. II	JURY AT ORK? YES 2		¥	SCRIBE HOW I	NJURY O	CCURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined		F INJURY — A1 h etc. (Specify)	ome, farm,	street, fectory, off				CATION (Street or Town, State)		er or Aure	Route Number,
COMPLET	one)	ICIAN: To the best of										(e) end manner ee stated.
E C	296. SUGNATURE AND TITLE OF CENTRED	· M.	Li				ENSE NU	MBER		29d. D/		ED (Month, Day, Year)

DHMH-16 Rev 1/89

111 Penn Street, Baltimore, MD 21201

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DHMH-16 Rev 1/89

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certific	ding pi	lygiene	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physic	Mental H	
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e law	has t	Dept	
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	1 - STATE REGISTRAR	STATE OF MAR			F HEALTH AND	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	INT.			LANE	2. DATE OF OEATH		YEAR 3.	. TIME OF OEATH 6:02PM M	
	JOH 4. SOCIAL SECURITY NUMBER	-	E . AGE (In yrs. lest birthday)	IF UNDER 1 Y		7. OATE OF BIETH	6	. BIRTHPL	ACE (State or Foreign	
	215-14-0793A	NCXM 2 □ F	71 YRS.	MONTHS D	AYS HOURE MIN.	7/1/18		Country)	yland	
	90. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TO	WN OR LOCATION OF D		9c, COUNT			
8	Sinai Hospital			Ba]	ltimore Cit	У				
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR I	OCATION			10	Dd. INSIDE CITY	
뜸	MD		Ва	1time	ore			1)	LIMITS?	
FUNERAL	100. STREET AND NUMBER 6600 Eberle D	rive/Apt.			10f. ZIP CODE 21215		10g. CITIZE	US.	AT COUNTRY? A	
B	11. MARITAL STATUS 1 Never Merried 2 Divorced 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 (2) IF YES, GIVE WAR	YES 2 NO	If yo	B DECENDENT OF HISPA is, specify Cuben, Mexico YES 27 X10 Specif	in, Puerto Rican, etc.)	e or No— 14	Specify:	- American Indian, White, atc.	
9	15. DECEDENT'S EDU (Specify only highest grade		16e. DECEDENT'S	USUAL OCCU	IPATION na most of working	16b. KIND OF BU	ISINESS/INDUS	STRY		
COMPLETED	Elementary/Secondery (0-12) Unkno	College (1-4 or 5+)	postal	emp.	Loyee	post	offi	.ce		
Ö	17. FATHER'S NAME (First, Middle, Last)	_		11		AME (First, Middle, Meide				
TO BE CON	Charles Jerom	e Lane				V. Wood				
2	190. INFORMANT'S NAME (Type/Print) Genesta E. La	ne			treet and Number or Rural erle Dr/A				D 21215	
ags.	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem		20b. PLACE OF DISPO other place)	SITION (Name	of cemetery, crematory or	20c. L	OCATION — CI	ty or Town	, State	
	4 Donation 5 Other (Specify)	CENTURE	Greenmo		Crematory ME AND ADDRESS OF FA		timor	е,	MD	
	- /. /. // //			22. NA			unera	al H	ome, Inc	
	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	MITTIPLE CUNSHOT WOUNDS								
CERTIFICATION	Sequentially list conditions, if any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): d									
BY PHYSICIAN: MEDICAL CI	PART II. Other algorificant condition	na contributing to dea	ath but not resulting	in tha unde	rlying cause given in		N AUTOPSY PRMED? 2 NO	C	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? WES 2 \(\square\) NO	
AN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE OF DEATH (C	heck only one)				
VSIC	1 X YES 2 NO	HOSPITAL:	/Outpatient 3 🗆 DOA	OTHER:	Home 5 - Reeldence	5 Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Naturel 5 Pending	28a. DATE OF INJ (Month, Day, 1 3-5-90	fear) IN	JURY	IC. INJURY AT WORK?	Subject				
	2 Accident Investigation 2 Accident Investigation 4 Homicide 6 Could not be determined	261. LOCATION (Stree	t and Number o	r Rural Rou	Baltimore					
D BE COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYS	SICIAN: To the best of my	knowledge, death occur			e to the cause(e) and m	anner ee stated	Mary	land	
Ö	PENALEOICAL EXAMIN	ER: On the basie of exam	ination end/or investigati	on, in my opir						
TO BE	296. SPONATONE AND TITLE OF CENTIFIE	200	for		OCME	WEER	29d. DATE	3-6	Morith, Day, Year) -90	
=	30. NAME AND ADDRESS OF PERSON WI MARGARITA A. KOF		OF DEATH (ITEM 27) (Typ		11 Penn St	reet,Balti	more,M	ID 21	201	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S								
	MAR 08199	1 Julia Dav	idion Bindett	4						

	FOR STATE REGISTRAR	STATE OF MARYLAND / CE	DEPARTMENT OF		MENTAL HYGIEN REG. NO.	E						
	1. DECEDENT'S NAME (First, Middle, Last) Charl	harles Lewis Lu es Luckhardt	ickhandt In	•	2. DATE OF DEATH DO MATCH	v ve 7 1990	3. TIME OF DEATH 4:10 A M					
	219-32-0560	9-32-0560 1 \$\times\$ M 2 \$\sqrt{F}\$ \$52 YRS. MONTHS DAYS HOURS MIN. (Morth, Day, Sear) Country)										
BO	90. FACILITY NAME (If not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH 91. CITY											
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10d. INSIDE CITY LIMITS?									
_												
FUNERAL												
3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:												
PLETED	1 Flementary/Secondary (0-12) College (1-4 or 5-4)											
E COMPL	17. FATHER'S NAME (First, Middle, Last) Charles Lewis Luc	ihardt Sr.		18. MOTHER'S NA	AME (First, Middle, Malden	1 4						
10 B	190. INFORMANT'S NAME (Type/Print) Elizabeth Majerowia		28 S. High	and Ave.	Route Number, City or Tow Balto . Md.	n, Statu, Zip Coo	ie)					
	Elizabeth Majerowicz 928 S. Highland Ave. Balto., Md. 21224 206. METHOD OF DISPOSITION 1 Dention 5 Other (Specify) 206. PLACE OF DISPOSITION (Name of cometer), cremetory or chorp place). Lakeview Nemorial Park Sykesville, Md.											
	21. SIGNATURE OF FUNERAL SERVICE LICEN				ACILITY	9	101 S. Conkling St.					
	23. PART I. Enter the diseases, or con	yere										
	shock, or heart fellure. Lie iMMEDIATE CAUSE (Finsi disease or condition resulting in death)	Pulmonary Er	0.	moda or dying, sue	on as cardisc or resp	iratory arrest,	Approximats Interval Between Onset and Death					
_		Chronic Obst		lmonary D	isease							
CERTIFICATION	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEC		imonary p	15casc							
HTIF	that initiated events resulting in desth) LAST	DUE TO (OR AS A CONSEC	QUENCE OF):									
CALC	PART II. Other significant conditions of	contributing to death but not r	resulting in the under	ying csuss given in	Part I. 24e. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO					
MEDIC					1 TYES 2	KNO	OF DEATH? 1 YES 2 NO					
	25. WAS CASE REFERRED TO MEDICAL		2	S. PLACE OF DEATH (C								
PHYSICIAN:		IOSPITAL: Inpatient 2 ER/Outpatient 3	OTHER:	Home 5 - Residence								
	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	INJURY	INJURY AT WORK? YES 2 NO	28d. OEŞCRIBE HOW	NJURY OCCUR	EO					
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	me, farm, street, factory,	office	28t. LOCATION (Street City or Town, State	and Number or f	Rural Route Number,					
COMPLETED	anal only	IN: To the bast of my knowledge, de On the basis of examination end/or					ause(s) end menner es stated.					
()												
O BE (296. SIGNITURE AND THIS OF CERTIPIER	1		29c. LICENSE NU			3/7/90					

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e notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OTALL OF I	CE	RTIF	ICATI	E OF	DEA	ГН	A	EG. NO.			
V	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH DA	v	YEAR 3.	TIME OF DEATN
0	NO	RMA LIBE	RT0	i							/199		2:25p M
i i	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF E			8. BIRTNPL/ Country)	ACE (State or Foreign
	212-03-4474	1 🗆 M 2 🖔 F	/1	YRS.	MONTAS	DATS	HOURS	Retre.	07/14		8		yland
J.	9a. FACILITY NAME (If not institution, give st	treet and number)			9b. CITY	r, town o	R LOCATI	ON OF DE	ATH		9c. COUN	ITY OF DEAT	'n
OR	GREATER BALTIMOR	E MEDICA	CENTER			TOW	SON				BA	LTIMO	RE
딥	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY				Y. TOWN	OR LOCAT	ION					10	d. INSIDE CITY
E	MARYLAND Balti	imore			,			<vil]< td=""><td>١</td><td></td><td></td><td></td><td>LIMITS?</td></vil]<>	١				LIMITS?
7	100. STREET AND NUMBER	I III OI C				101.	ZIP COD		16		10g. CITI		T COUNTRY?
ER/	8413 HALLMARK C	TDCLE					21	234			- 11	S.A.	
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDEN					ENDENT (F NISPAN	IIC ORIGIN? (S			14 BACE -	American Indian,
	1 Never Married 2 💢 Married					If yes, spe			n, Puarto Ricar	n, etc.)		Specify:	Thite, atc.
ВУ	3 Widowed 4 Divorced										WH:	ITE	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(Gi	ve kind of	work done	during mo	N st of workli	ng	16b. KIN	ID OF BUS	INESS/IND	USTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5-	-)	Do NOT u									
MP	12 yr's		0.	T 1 C 6	e Mar	nager						ction	
၀	17. FATHER'S NAME (First, Middle, Last)		Danta						ME (First, Midd	le, Maiden	Sumame)		
BE	Lawrence 19a. INFORMANT'S NAME (Type/Print)		Panico					Teres					berdella
2	22 CH 2004 LES 25 CH 25 LUI		198					r or Runal F	Route Number, (City or Town	n, State, Zip	Code)	
	John Liberto Same as #10 20e. METNOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town,										Panto		
	1 Burlel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)		other pla	sce)									RYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC					NAME AN			CILITY D				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE DENNIS CAPITANO 22. NAME AND ADDRESS OF FACILITY BALTIMORE MD. 2121 LEONARD J. RUCK INC. 5305 HARFORD R												
	Rennis a	Capita	no										
	shock, or heart fallure. List only one cause on each line.												Approximate interval Between
	IMMEDIATE CAUSE (Final											Onset and Daati	
	disease or condition resulting in death)	IO PULMO			REST							-	
		DUE TO (OR AS A CONS						NSEQUENCE OF):					
ON	Sequentially list conditions,												
ATI	If any, leading to immediata cause. Enter UNDERLYING		MOTHORAX			MPHY	SEMA						
FIC	CAUSE (Disease or injury that initiated events	c	(OR AS A CONSEC										
E	resulting in death) LAST	4											
S												_	
DICAL CERTIFICATION	PART II. Other aignificant condition	e contributing to	death but not r	eauiting	in tha u	ndarlyin	g cause	given in	Part I. 24	a. WAS AN PERFOR		A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
DIC									_ 1	YES 2	□ NO		OMPLETION OF CAUSE F OEATH?
ME									_			1	YES 2 NO
AN		Ι											
<u>S</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:			eck only one)				
PHYSICIAN:	1 YES 2 NO	1 Inpetient 2 28s. DATE OF		26b. TII		28c. INJ	-	asidenca	6 Other (S		N.IIIRY OC	CIRBED	
	1 Natural 5 Pending	(Month, E		iN	JURY	WC	PRK?	□ мо	200. DEGON	DE NOW	1100111 00	SONED	
ВУ	2 Accident Investigation 3 Suicide 5 Could not be	28e. PLACE C	F INJURY — At he	me, farm.	street, fee			- 27	26f, LOCATIO	ON (Street i	and Number	or Rural Rou	te Number.
E	4 Homicide 6 Could not be	building,	atc. (Specify)	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				own, State)			
	29a. CERTIFIER . Y.										-		
COMPLETED	29a. CERTIFIER (Check only one) 1 LX CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
8	1		The state of the state of	gatt	on, ar my	ориноп, о			1107	, prese, en			
BE	29b. SIGNATURE AND TITLE OF CERTIFIE						29c. LIC	ENSE NUI	MBER		29d. DAT	E SIGNEO (M	lonth, Day, Year)
2	30. HAME AND ADDRESS OF PERSON WE	O COMPLETED CALL	SE OF OFATH PTE	M 270 /5~	n Deles						-	19/5	70

the hospital or attending physician. AND 21203-3146 BALTIMORE, M TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be many DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 at 5 filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be not

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DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should, be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified action.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

8	1	-	FOR STATE REGIS
		_	

BE COMPLETED BY FUNERAL DIRECTOR

2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CER	TIFIC	ATE OF	DEATH	REG. I	١0.	
1. DECEDENT'S NAME (First,	Middle, Last)						2. DATE OF DEATH	DAY	3. TIME OF DEATH
Marie		R.		Mul:	lineau	K	MONTH 3	7	90 M
4. SOCIAL SECURITY NUMB	ER	5. SEX 6. AGE	(In yrs. last bir	thday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	·	8. BIRTHPLACE (State or Foreign
215-50-1110		1 □ M 2 🖾 F 96	5	YRS. MON	ITHS DAYS	HOURS MIN.	3/10/1		Maryland
9a. FACILITY NAME (If not in.	stitution, give str	eet and number)		9b.	CITY, TOWN O	R LOCATION OF OR			NTY OF OEATH
01d Court		ng Home			Rand	allstown			Baltimore
RESIDENCE OF DEC	10b. COUNTY		1	0c CITY TO	OWN OR LOCAT	ION			10d. INSIDE CITY
		timore	Ι.		ood1aw				LIMITS?
Maryland	рал	Limore		W		ZIP CODE		40- 077	1 YES 2 X NO
		Dood			101	21207		log. Citi	U.S.A.
6908 Do	gwood	12. WAS OECEDENT EVER	IN II S ADME		12 WAS DEC		IIC ORIGIN? (Specify	You or No.	
1 Never Married 2	Married	FORCES? 1 YES	2 💢 NO		If yes, spe	city Cuban, Maxica	n, Puarto Rican, etc.)		14. RACE — American Indian, Black, White, etc.
3 🖾 Widowed 4 🗌 Divo	rced	IF YES, GIVE WAR OR	MIES		1 L YES	2 NO Specify	<i>:</i> :		Specify: White
	EDENT'S EDUC		16a. DECEC	ENT'S USU	AL OCCUPATION	N	16b. KIND OF	BUSINESS/INC	DUSTRY
Elementary/Secondary (0	highest grade (College (1-4 or 5+)	life. Do	NOT use ret	done during modired.)	st or worrang			
			Se1	lf Em	ployed		Gro	ery St	tore
17. FATHER'S NAME (First, M.							ME (First, Middle, Mai	den Sumeme)	
William	n C. Re	inhold				Maggi	e B.	Saut	er
19a. INFORMANT'S NAME (7)			- 17				Poute Number, City or		
Mrs. Rabeth						olling R		imore	<u> </u>
20a. METHOD OF DISPOSITI	n 3 🗆 Remo		other place)			netery, cremetory or			City or Town, State
4 Donation 5 Other			Mount	011	ve Cem	etery D ADDRESS OF FA		kandal.	lstown, MD
21. SIGNATURE OF FUNERA	1 O	h /	,		Lori	ng Byers	Funeral	Direc	tors, Inc.
Sleps	hent	11 Jons	ins		8728	Liberty	Road Ra	andall:	stown, MD 21133
23. PART I, Enter the di		omplications that cause list only one cause on		. Do not	antar tha mo	da of dylng, suc	h as cardiac or re	spiratory an	rest, Approximate interval Between
IMMEDIATE CAUSE (Fir		List Offiny Office Cause Off	Bacii iiiig.						Onset and Death
diseesa or condition resulting in deeth)	→ .	Ather	scl	Lot	uce	andi	Herocu	lan	discoso
Todaking in dooring		DUE TO (OR AS	A CONSEQUE	NCE OF):		(
Sequentially list condit	lone 6	. hyp	2010	al	Qui	_0~			
If eny, leading to imme cause. Enter UNDERLY	diete	OUE TO OR AS	A CONSEQUE	NCE OF):	1		-		
CAUSE (Disease or Inju		DUE TO (OR AS	A CONSEQUE	NCE OF	MOX	lul	4	1	
thet initieted events resulting in death) LAS	т	A 10 (0 / 1	7	C's	.00	Phase	nicol	10	0
		Anac	ena		- 07	Chris	med	, , ,	
PART II. Other significa	nt condition	contributing to death	but not resi	ulting in ti	ha underlyin	g cause given in		AN AUTOPSY FORMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
00	PI)			0.1		100	B 2 NO	COMPLETION OF CAUSE OF DEATH?
ltx	A	Lehles	ul (01	r du				1 YES 2 NO
Ro	110	1 A20	lon	11 0	n		_		
25. WAS CASE REFERRED T	O MEDICAL	5			26. PI	ACE OF DEATH (Ch	eck only one)		
EXAMINER? 1 YES 2 NO		HOSPITAL: 1 Inpatient 2 ER/Ou	tpatient 3 🗆		THER: Nursing Hom	e 5 🗆 Residence	8 Other (Specify)		
27. MANNER OF DEATH		26a. DATE OF INJURY (Month, Day, Year)	2	Sb. TIME OF	F 28c. INJ		26d. DESCRIBE HO	W INJURY OC	CURED
1 Netural 5 2 Accident	Pending Investigation	(5, 100/)				rES 2 NO			
3 Sulcide 8	Could not be	28s. PLACE OF INJUF building, etc. (Sp		, farm, stree	et, factory, offic	•	28t. LOCATION (Str City or Town, S		or Or Rural Route Number,
4 Homicide	detarmined							-7	
29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
one)	CAL EXAMINE	R: On the basis of exeminati	on and/or Invi	etigation, le	n my opinion, d	eath occured at the	time, data and place	, and due to 1	he cause(s) and manner as stated.
29b. SIGNATURE AND TITLE	OF CERTIFIER	1/ 2 -	0	100.1		29c. LICENSE NUI	MBER	29d. DAT	TE SIGNED (Morph, Day, Year)
	T.	Kaid O	7			D2511	2	•	3/7/90
30. NAME AND ADDRESS O	F PERSON WHO	O COMPLETED CAUSE OF							
Dr. Tahoora Kawaja 5310 Old Court Road Randallstown, MD 21133									
31. DATE FILED (Month, Day,		32. REGISTRAR'S SIG	NATURE .	00					

be notified at once.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical man TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s nous stiff of THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or remove DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First, Middle, Last)	, MARY				2. DATE OF DEATH DA	Y YEAR	3. TIME OF DEATN 4:10 C.M			
	250 120101	SEX 6. AGE (In yrs. lest	birthday) IF UI YRS. MONT	HS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. Bir	(THPLACE (State or Foreign untry)			
	9e. FACILITY NAME (If not institution, give street		9b. 0	CITY, TOWN	OR LOCATION OF OE	HACT- ICAC	9c. COUNTY OF	OEATN			
DIRECTOR	JOHNS HOPKI	INS HOSPITA	K F	SALT	IMORE	am,	NIA				
EC	10a. STATE 10b. COUNTY	_	10c. CITY, TOV	VN OR LOCA	ATION			10d. INSIDE CITY LIMITS?			
	א עייו א-	7	GL	EN) RNKU	E		1 NES 2 NO			
FUNERAL	100. STREET AND NUMBER PO ROX 533 GI	EN BURNIET	200	10	DI. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?			
5		. WAS DECEDENT EVER IN U.S. APA		13. WAS DE	CENDENT OF HISPAN	IC ORIGIN? (Specify Yee	or No — 14 - Ar	American Indian, ack White, atc.			
B⊀	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	°	1 YE	pecify Cuben, Mexicar S 2 XIO Specify		-	BLACK			
	15. DECEDENT'S EDUCATI (Specify only highest grade con	npieted) (Giv	CEDENT'S USUA we kind of work di Do NOT use retin	one during m		18b. KINO OF BUS	INESS/INDUSTR	′			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ONE			NON	E				
NO.	17. FATHER'S NAME (First, Middle, Last)		0.14-		18. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)				
BE	Edward	Spencer			Mary	Elizal	seth P	aughter			
2	190. INFORMANT'S NAME (Type/Print)	DONALD =	3.00 /	MCD	on a la	Number, Sty or Town	n, State, Zip Çode)				
	20s METHOD OF DISPOSITION Burlel 2 Cremetion 3 Remova Donetion 5 Other (Specify)	of from State 20b. PLACE Control other pla		(Name of co	emetery, crematory or	rd Ma	CATION - City of	ON — City or Town, State Athur Manyland			
	21. SIGNATURE OF TUNETUL SERVICE LICENS	SEE			AND ADDRESS OF FAC		11 06	2			
	Acmette	K Jones						. BOX 4433			
	23. PART i. Enter the diseases, or con ahock, or heart failure. Lis	nplications that caused the dat it only one cause on each line.	eth. Do not e	ntar tha m	oda of dying, auci	n es cardiac or reapi	ratory arrest,	Approximate Interval Between			
	IMMEDIATE CAUSE (Final disease or condition	Cartin	27	0000	4			Onset and Death			
	resulting in death) a	DUE TO (OR AS A CONSEO	DUENCE OF):	NVEZ				0			
z	b.	Renal toilure 225									
ATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEO		Ma.				1000			
FIC	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A CONSED	WENCE OF):	oma				7 // 03			
CERTIFICATION	reaulting in death) LAST										
	PART ii. Other aignificant conditions of	contributing to death but not re	eauiting in the	e underlyi	ng cause givan in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS			
MEDICAL	Labele	<u> </u>				1 TES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
	Hyperte	nour				_	`	1 - YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL			26 1	PLACE OF DEATN (Ch	ack nah nael					
28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Comparison 1 Comparison 28. PLACE OF DEATN (Check only one) 28. PLACE OF DEATN (Check only one) 28. DATE OF INJURY (Month, Day, Year) 28. DATE OF INJURY (Month, Day, Year) 28. IMJURY WORK?							ful				
ЬΗΥ	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. If	JURY AT	26d. DESCRIBE NOW I	NJURY OCCURE)			
M 1 YES 2 NO											
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At her building, stc. (Specify)	me, farm, street.	, factory, off	lce	281. LOCATION (Street of City or Town, State)		ral Route Number,			
PLE		AN: To the best of my knowledge, dea	ath occurred at	the time, da	ta end plece, end due	to the ceuse(e) end man	nner se stated.				
SON		On the basis of exemination end/or in	investigation, in	my opinion,	death occured at the	time, date end place, en	d due to the ceu	se(e) end manner ee stated.			
BE	29b. SIGNATURE AND TITLE OF CONTIFIER	Con mr	\		29c, LICENSE NUM	ABER	/	NED (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WHO C		M 27) (Type, Print)			3/	2/90			
	ENDRIKA LEON, M.D.	JOHNS HOPKH	NS No	SPITA							
	31. DATE FILEMAR 0 81990	32 REGISTRAL'S SIGNATURE P	andere.	107							

	FOR STATE REGISTRAR		STATE OF MAR		DEPAR					MENTAL HYGIEN				
	1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE OF DEATN			3. TIME OF	DEATN
	SAMUEL	L L MENSH							MONTH DAY YEAR			М		
	4. SOCIAL SECURITY NUME									7. DATE OF BIRTN		6. BIRTI	IPLACE (State	or Foreign
	577-05-	7674	1 M 2 F	78	YRS.	MONTHS	DAYS	HOURS	MIH.	(Month, Day, Year)		Pol	land	
	9a. FACILITY NAME (If not in	nstitution, give a	street and number)			9b. CITY	TOWN C	R LOCATI	ON OF DE			NTY OF D		
5	HOLY CRUS	55 H	OSPETAL			57	Lun	2 54	PRENG	-5	m	1761	DM 878	4
5	RESIDENCE OF DEC	CEDENT									1000	~ 00	77 - 670	
DIRECTOR	10e. STATE	10b. COUNT			10c. CITY	, TOWN C			Spri	na			10d. INSIDI	E CITY
	100		160mery			164	77.		obrr	119			1 TYES	2 NO
Z	10e. STREET AND NUMBER		4.				101	ZIP COD	E		200		WHAT COUNT	TRY?
FUNEHAL	113/ 01	VIV	BLUD Z	016				208	02		(USA	7	
5	11. MARITAL STATUS		12. WAS DECEDENT EV FORCES? 1	ER IN U.S. AR	MED					C ORIGIN? (Specify Ye , Puerto Ricen, etc.)	or No-	14. RACI	E — America k, White, stc.	n Indian,
2	1 Never Married 2 10 3 Wildowed 4 Divo		IF YES, GIVE WAR	OR DATES					Specify:			Spec	the .	ITE
						1							WH.	1/5
Ш		EDENT'S EDU ly highest grade		(G	CEDENT'S !!	rork done	CCUPATK during mo	ON at of working	ng	16b. KIND OF BU	SINESS/IN	DUSTRY		
וַ	Elementary/Secondary (6	0-12)	College (1-4 or 5 +)	_	awye					La	w			
COMPLE	17. FATHER'S NAME (First, M	Andrew Arrest					_							
_										NE (First, Middle, Maiden				
2	LSY8	el Me	ensh	1 100	- MAIL INC					ces Grun				
2	Ethel Mens			li	31 U	niv	ers	ity	Blv	d.,#2016	, Siate, Zi	lve 1	Spr	ing,M
	20s METHOD OF DISPOSIT 1 Burial 2 Crematic 4 Donation 5 Other	on 3 🗆 Rem	ovel from State	20b. PLACE King pl	of dispos	d M	me of cer	ria.	natory or 1 Ga	rdens Fa	CATION —	City or To	own, State	
	21. SIGNATURE OF FUHERA								SS OF FAC			_		
	- (100 A	mIT	Ŧ)			Ιv	es-	Pea	rson	Funeral	LHOI	mes		
	ara	fer	1/1			47	2 N	ort	h Wa	shingtor	St	F.	C.VA	
	23. PART I. Enter the d	leart fallure.	complications that can List only one cause of	usad the de	eath. Do n	ot anter	tha mo	da of dy	ing, such	as cardiec or resp	iratory ar	rest,		oximate val Between
	23. PART I. From the diseases, or complications that caused the death. Do not anter the mode of dying, such as complete, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final								-	•			t and Death	
	disease or condition resulting in death)	→	2	rd:	da	Re	t	en	al	Desce	12		181	month
			DUE TO (OR	AS A CONSE	OUENCE OF	50			0 +	9				
Z	Compatible list condit	liana (ne	het	龙。	M	rel	LU .	مصد				
	Sequentially list condit if any, leading to imme	diete 5	DUE TO (OR	AS A CONSE	OUENCE OF	7:	1							
3	cause. Enter UNDERLY CAUSE (Disease or Inju		C											
=	that initiated events resulting in deeth) LAS		DUE TO (OR	AS A CONSE	QUENCE OF	7):								
n l	Tooding in doodly Exc		d										-	
2	PART II. Other algorifica	ant condition	ns contributing to dea	th but not i	resulting i	n tha ur	derivin	o causa	alven in i	Part I. 24s, WAS AI	AUTOPSY	248	. WERE AUTO	PSY FINDINGS
3										PERFO	0 /		AWAILABLE	
MEDIC			_							1 YES	NO		OF DEATH?	1-
										- 1			1 TYES	2 NO
Z	25. WAS CASE REFERRED T	PO MEDION												
3	EXAMINER?	IO MEDICAL	HOSPITAL:			OTHE		LACE OF C	EATN (Che	ck only one)				
PHYSICIAN	1 TYES 2 NO		1 npetient 2 ER						esidence	6 Other (Specify)				
		Pending	28e. DATE OF INJU	par)	28b. TIMI	URY	WC	URY AT	7	28d. DESCRIBE HOW	INJURY OC	CUREO		
0	2 Accident	Investigation	20 20 405 05 111	MARKET ALL				YES 2 [NO					
E	3 Sulcide 6 1	Could not be determined	28e. PLACE OF IN. building, etc.	(Specify)	лне, тагт п, а	nreet, fact	ory, offic			261. LOCATION (Street City or Town, State	and Numbe)	r or Flural	Houte Numbe	ζ,
<u>.</u>	20- CERTIFIER													
MPLE	(Check only		ICIAN: To the best of my											
5	2 MED	HCAL EXAMINE	ER: On the basis of exami	nation and/or	Investigation	n, in my o	opinion, o	iesth occu	red at the t	time, date and place, a	nd due to t	he cause(e) and mann	er as stated.
פבי	29b. SIGNATURE AND UTLE	E OF CERTIFIE	121100	. 1				29c. LIC	ENSE NUM	BER	29d. DAT	E SIGNE	O (Month, Day	(Year)
- 1	2)	~~X	9000	o ll	~						•	5/1	1/90)
2	30. NAME AND ADDRESS O	F PERSON VI	O COMPLETED CAUSE O	F DEATN (ITE	M 27) (Type,	Print)								

examiner met be notified at once. TO BE COMI	be first owners after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	INT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medica
	thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo
e funeral director, games, should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director green, should be described.
death. Page 64-64 be recaped by the host	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 1600 to the law requires that the death certificate be executed within 24 nours after death. Page 1600 to the law requires that the law requirements the law requirements

	FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) ZILDA MINER 4. SOCIAL SECURITY NUMBER	MESSE		INGER UNDER 1 YEAR IF UNDER 24 HRS.	03 03 9 7. DATE OF BIRTH	YEAR 6 P M BIRTHPLACE (State or Foreign			
5	080-18-5721 90. FACILITY NAME (If not institution, give st ST JOSEPH Ho	The state of the s	BC. COUNTY OF DEATH BALT.						
L DINECTOR	10a. STATE 10b. COUNTY			TOWSON WAY OR LOCATION ALT TIMO TOR, ZUP, CODE	nium	10d. INSIGE CITY LIMITS? 1 YES 2 AND EN OF WHAT COUNTRY?			
DY FUNERAL	2 MILLINGA 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	212	3 4 U NIC ORIGIN? (Specify Yes or No— In, Puerto Rican, etc.)	4. RACE — American Indian, Black, White, etc. Specify: White			
EIED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re School	done during most of working lired.)	16b. KIND OF BUSINESS/INDU	STRY			
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) Robert Willi 19s. INFORMANT'S NAME (Type/Print)		er	18. MOTHER'S NA Anna	AME (First, Middle, Maiden Surname) Z. White Mess Route Number City or Yours, State, Zio (senger			
2	Lynn Messeng 20a, METHOD OF DISPOSITION 1 1 Burlal 2 Cremetion 3 Ram	20	2 Mul	lingar Ct., (Name of cometery, cremetory or	Timonium, MD	21093 Ity or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LIC	Estow	1122	22. NAME AND ADDRESS OF FA	ACII ITY	lsburg. MD			
	20	ch as cardiac or respiratory arre	st, Approximate interval Between Onset and Death						
ERIIFICATION	Sequentially list conditions, our to (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events resulting in death) LAST								
MEDICAL CEI	PART II. Other algnificant condition		but not resulting in t	he underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO.	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES NO 27. MANNER OF DEATH	HOSPITAL: Tinpetlent 2 ER/Out 28a. DATE OF INJURY	28b. TIME O	URED					
EIED BY P	Netural 5								
29a. CERTIFEIR (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and									
10 86	296. SIGNATURE AND TITLE OF CERTIFIE 30. HAME AND ADDRESS OF PERSON WI-	HO COMPLETEO CAUSE OF O	-) 3	SIGNEO (Month, Day, Year)			
	31. DATE ELED (Month Pro Mind On	32. REGISTRAR'S SIG		orrest 7 14	1-13. 10mza	7			

)		
DALI MONEY CAN LAND ALZOS-3140	turned by the hospital or attending physician.	signed by the attending physician and completely filled in by the funeral present and record to use as the burial-transit permit. Pages 1, 2, 3 should of Health and Mental Hygiene prior to burial, cremation, or removal.	notified at once.
INE.	2	5	99.110
ž	100	all	niser
1	after death	by the funi	ical exan
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page of the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be metilled at once.

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.					
	1. DECEDENT'S HAME (First, Middle, Last)	Marine	11.	2. DATE OF DEATH MONTH	9 YEAR 3. TIME OF DEATH 5 ZOO M				
	Mary F.			0 10 0					
	4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M 2 1 1 □ M 2 1 1 □ M 2 1 1 □ M 2 1 1 □ M 2 1 1 □ M 2 1 1 □ M 2 1 1 □ M 2 1 1 □ M 2 1 1 □ M 2 1 1 □ M 2 1 1 □ M 2 1 1 □ M 2 1 1 □ M 2 1 1 □ M 2 1 1 □ M 2 1 1 □ M 2 1 1 □ M 2 1 1 □ M 2 1 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M 2 1 □ M	44 4 5 4							
	9a. FACILITY HAME (If not institution, give street and number)	9	L CITY, TOWN OR LOCATION OF D	EATH 9c	COUNTY OF DEATH				
DIRECTOR	ST. Joseph Hospital 7620	york Rd	Tow son	15	Baltimore				
E I	10s. STATE 10b. COUNTY	10c. CITY, 1	TOWN OR LOCATION		10d. INSIDE CITY LIMITS?				
	Maryland Baltimore	Tov	VSON 101, ZIP CODE	1 10	1 TES 2 1 HO				
FUNERAL	8317 Loch Raven Blvd		21204	10	U.S.A.				
5	conces 4	EVER IN U.S. ARMED YES 2 X NO	13. WAS DECENDENT OF HISPA If yee, specify Cuban, Mexico		No— 14. RACE — American Indian, Black, White, atc.				
BY	1 Hever Married 2 Married IF YES, GIVE WA 3 X Widowed 4 Divorced	R OR DATES	1 TYES 2 M NO Special		₩ĥ1ite				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	NUAL OCCUPATION k done during most of working elired.)	18b. KIND OF BUSINE	SS/INDUSTRY				
PLE	Elamentary/Secondary (0-12) College (1-4 or 5+)	Homemake							
OMI	17. FATHER'S NAME (First, Middle, Last)	THOMEMAKE		AME (First, Middle, Melden Surn	eme)				
	Joseph Barbera		Ur	nknown					
) BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AI	ODRESS (Street and Number or Rural	Route Number, City or Town, St	tete, Zip Code)				
5	Helen C. Watts	8824 A	shford Rd., Bal	to., Md. 212	234				
	20s. METHOD OF DISPOSITION 1 [X] Burial 2 Cremation 3 Removal from State	f other place)	ION (Name of cometery, crematory or		ION — City or Town, State				
	4 Donation 5 Other (Specify)	Holy Redee	emer Cemetery 3		to., Md.				
	Roy H. Cather				d Rd.,Balto.,Md. 21214				
	23. PART i. Enter the diseases, or complications that	caused the death. Do not							
	ahock, or heart feliure. List only one caus IMMEDIATE CAUSE (Finel	se on each line.			Interval Between Onset and Death				
	disease or condition resulting in death)	METHBLL !	LEFT YENTRICUL	AR FAILUR	ZE DAYS				
	DUE TO (OR AS A CONSEQUENCE OF):		0 - 1	2 1046				
Z	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CALISE (Pine) DUE TO (OR AS A CONSEQUENCE OF): PUBLISHOP OF AS A CONSEQUENCE OF): CALISE (PUBLISHOP OF INJURY) C. CALISE (PINE) C. CALISE (PIN								
CERTIFICATION	if any, leading to immediate cause, Enter UNDERLYING	MON A	L LING		1 week				
FIC	CAUSE (Disease or injury that initiated evente DUE TO (OR AS A CONSEQUENCE OF):							
TH	reaulting in death) LAST								
	PART ii. Other eignificent conditions contributing to	death but not resulting in	the underlying cause given in	Part I. 24a, WAS AN AUT	TOPSY 24b. WERE AUTOPSY FINDINGS				
EDICAL		•		PERFORMEI	D? AVAILABLE PRIOR TO COMPLETION DF CAUSE				
ED				1 1 165 2 6	OF DEATH?				
Z.					Cond 1 are a cond 15				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C	heck only one)					
YSIC	1 ☐ YES 2 ☐ NO 1 ☑ Inpatient 2 ☐		OTHER: Nursing Home 5 Residence	8 Other (Specify)					
	27. MAHNER OF DEATH 1 Hetural 5 Pending	INJURY 28b. TIME (y, Year) INJUF		28d. DESCRIBE HOW INJU	RY OCCURED				
ВУ	2 Accident Investigation 3 Suicide & Could not be 28e. PLACE OF	FINJURY — At home, farm, str		261. LOCATION (Street and	Number or Rural Route Number,				
COMPLETED	4 Homicide determined building, 4	vic. (Specify)		City or Town, Stata)					
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of a	my knowledge, death occurred	at the time, date and place, and du	e to the cause(a) and manner	an stated.				
800	one) 2 MEDICAL EXAMINER: On the bests of ex	amination and/or investigation,			se to the cause(a) and manner as stated.				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	tam	29c, LICENSE M.	795 1	DATE SIGNED (Month, Pay, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	E OF DEATH (ITEM 27) (Type, P	vint)						
	31. DATE FILED (Month, Day, Year) 32_BEGISTRAI	R'S SIGNATURE_							
	MAR 08 1990 July Sandon	-gandella							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may by retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Page	be notified at once.
h. Раде 6 m	era director.	mime must
4 hours after death	illed in by the fun	be hied within 72 hours after death with the state bept, of health and welfall hyders prior to unital, chemistron, or retrivial. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examining must be notified.
cuted within 2	d completely fi	ic event, th
tificate be exec	physician and	ther traumat
the death cert	the attending	injury, or of
requires that 1	en signed by	shows any I
IAN: The law i	tificate has be	e State Dept.
DING PHYSICI	After this cert	s marked, o
AL OR ATTEN	L DIRECTOR:	t Item 28 Is
THE HOSPIT	THE FUNERA	be higo within 72 hours after death with the state begin, or hearth and wental hygiene prior to outlai, utentation, or entrova. IMPORTANT: If teem 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical entropy.
-	F .	D =

	FOR 1 - STATE REGISTRAR	STATE OF MARY			TMENT				MENTAI	HYGIEN	E		00001
	1. OECEOENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF OEATH
	Mr. Earl L. Pro	ctor So							Мато		990	YEAR	11:15 a ^M
	4. SOCIAL SECURITY NUMBER		(In yrs. lest	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	-	OF BIRTH	T	8. BIRTH	PLACE (State or Foreign
- 1	160 10 2222	1 🛛 M 2 🗆 F	90	YRS.	MONTHS	DAYS	HOURS	MIN.		, Day, Year)		Country	1)
	169-10-3223 9a. FACILITY NAME (If not institution, give st		90		a) 0171		R LOCATI			/28/99		TY OF DE	ennsylvania
~					:90. City,	, IOWN C					96. COUN	ITY OF DE	EATH
2	Meridian Nursing	Home Randa	<u>llsto</u>	wn			Rand	la11s	stown Balt			<u>alti</u>	more
E E	10a, STATE 10b, COUNTY	,		10c. CIT	Y, TOWN C	OR LOCAT	TION						10d. INSIDE CITY
DIRECTOR	Maryland Balt	imore		R	alti	more	Cor	intv					LIMITS?
	10e. STREET AND NUMBER	IMOTO			alti		. ZIP COD				10a, CITIZ	ZEN OF W	HAT COUNTRY?
FUNERAL	3622 Forest Hill	Road					21	207				U.S.	Δ
2	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARA	4ED	13	WAS DEC			AIC OBIGIN	? (Specify Yea			— American Indian,
	1 Never Married 2 Merried	FORCES? 1 YES	2 X N			If yes, spe	ecify Cube	ın, Mexica	n, Puerto I	Rican, atc.)		Black	, White, atc.
BY	3 Widowed 4 X Divorced	IP TES, GIVE WAN ON	DATES			1 🗌 168	2 X NO	Specin	y.			Specif	White
	15. DECEDENT'S EDUC				USUAL O				16b.	KIND OF BUS	INESS/IND	USTRY	
	(Specify only highest grade Elamentary/Secondary (0-12)	Completed) College (1-4 or 5 +)	(Gh	ne kind of a Do NOT us	work done (se retired.)	during mo	st of world	ng					
집	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 Year	Com	merc	ial	Arti	lst			Wes	sting	hous	e
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							HER'S NA	ME (First, I	Aiddle, Mgiden		1	rés:
	William	Proctor						Man	ctha	Any	1	Lon	9
BE	19a. INFORMANT'S NAME (Type/Print)		19b	. MAILING	ADDRESS	S (Street a	nd Numbe	r or Rural I	Route Numl	ber, City or Town	n, State, Zip	Code))
2	Mr. Earl L. Proc	tor, Jr.	3	622	Fore	st H	1111	Road	d Ba	ltimor	e. M	D 2	1207
	20a. METHOD OF DISPOSITION 11 Burlel 2 Cremetion 3 Remo	20	b. PLACE C		SITION (Na	me of cen	metery, crer	matory or		20c. LO	CATION —	City or To	wn, State
9	4 Donation 5 Other (Specify) Grand View Cemetery East McKeesport, PA								port, PA				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME AN	ND ADDRE	SS OF FA	CILITY	1 T) d		T
Sohn K Ayuld Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD													
			4.00 - 4.0	u. D.	_								
	23. PART/I. Enter the diseeses, or o shock, or heert fellure.				not enter	the mo	ide or dy	ing, suc	n aa cert	нас от геарі	ratory arr	wat,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition)												
	resulting in death)	oue TO (OR AS	Pivel	bourg	Khm	est							Suddle
		P (OR AS	Olici	I	1.	A.		. D	isen	ca.			U.
CERTIFICATION	Sequentielly list conditions,	DUE TO (OR AS	A CONCEO	VENOE O	P):	1410	, We-	1 -	()				Tescara
AT	If any, leading to immediate cause. Enter UNDERLYING	Adams			. 0	PL	ma.						9 mes.
프	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEO	UENCE O	F):	1	-						
E	resulting in deeth) LAST	4											
등 등													
AL	PART II. Other significent condition	s contributing to deeth	but not re	sulting	In the ur	nderlyln	g cause	given in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
음									_	1 YES 2	NO		COMPLETION OF CAUSE OF DEATH?
뿔													1 TES 2 NO
ż	l												
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			07115		LACE OF D	DEATH (Ch	neck only or	10)			
lS.	1 □ YES 2 PNO	1 Inpatient 2 ER/Ou	1patient 3	□ DOA	OTHER 4 W Nur		ne 5 □ R	esidence	8 🗆 Othe	r (Specify)			
H	27, MANNER OF DEATH	28s. OATE OF INJURY (Month, Day, Year)		28b. TIN	IE OF		JURY AT		28d. DE	CRIBE HOW I	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation		_		М	1 🗆	YES 2 [NO					
ED E	3 Suicide 8 Could not be	28e. PLACE OF INJUR building, atc. (Sp	Y - Al hor	ne, farm,	stree1, fac	tory, offic	in .			ATION (Street or Town, State)		or Rural F	Route Number,
	4 Homicide determined	-		-									
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my kno	wledge, des	ith occur	ed at the 1	ilme, data	and place	s, and dus	to the car	use(a) and mai	ner sa stat	led.	
O	one) 2 MEDICAL EXAMINE	R: On the basis of examinat	ion and/or l	nvestigation	on, in my o	opinion, d	leath occu	red at the	Ilme, date	and place, an	d dus to th	e cause(a) and menner as stated.
							29c LIC	ENSE NU	MBER		29d DAT	F SIGNED	
	29b. SIGNATURE AND TITLE OF CERTIFIER	4///	1								2001 0711	- 019120	(Mgnth, Day, Year)
8	29b. SIGNATURE AND TITLE OF CERTIFIER	merlier !	lus						317		▶ 3	3/4	(Mgnth, Dey, Year)
	29b. SIGNATURE AND TITLE OF CERTIFIED SOLUTION OF THE STATE OF T	Brecher 1	LUS.	A 27) (Type	n, Print)			0 1:	317		> 3	3/4	100
8	Herman !	O COMPLETED CAUSE OF D	DEATH (ITEM	A 27) (Туре	a, Print)				317		▶ 3	3/4	100
8	30. NAME AND AODRESS OF PERSON WH	O COMPLETED CAUSE OF D		Л 27) (Туре	a, Print)				317		▶ 3	3/2	100

nse s		- 1
for		
detached		once.
Pe		at
name 5 should be detached for use		if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
8		9
ŏ		nust
7		101
DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by in recent on	72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removes.	examir
S A	BAOL	cai
d in	9	Dog
/ filler	00U	the state
letely	rema	Ę,
сошр	al, c	No.
and	DOLL	natic
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phys	ne p	hor
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sign	Heal	DWS
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cate	State	ter
certif	the	, 07
this	Mig.	rked
After	death	E
DR.	fler	80
IRECI	SING 9	E
AL D	22	프

	1 - STATE REGISTRAR EVELYN C. STATE OF MARYLAND / DEPARTMENT OF MARYLAN	RTMENT OF H		MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) EVELYN C PARKS 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	2. DATE OF DEATH MONTH DAY G 3 G 2 7. DATE OF BIRTH (Month, Day, Year)		3. TIME OF DEATH 0720 M THPLACE (State or Foreign	
TOR	267-58-9063 1 M 2 MF 77 YRS. 98. FACILITY NAME (If not Institution, give street and number) WASHINGTON ANUFUTIST HOSP RESIDENCE OF DECEDENT	9b. CITY, TOWN	or Location of De	1	9c. COUNTY OF	NDIANA DEATH GONERY	
DIRECTOR	10a. STATE 10b. COUNTY 10c. CI	TNTER HA			10d. INSIDE CITY LIMITS? 1 🖾 YES 2 🗌 NO		
FUNERAL	1799 EAST LAKE CANNON DRIVE	10	1. ZIP COOE 33882	2	10g. CITIZEN OF USA	WHAT COUNTRY?	
Æ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, sp		IIC ORIGIN? (Specify Yea on, Puarto Rican, etc.)	Bla	CE American Indian, ock, Whita, atc.	
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) (Ghe kind of life. Do NOT.	'S USUAL OCCUPATI of work done during me use retired.)		166. KIND OF BUSI			
BE COM	12 4 NURSE 17. FATHER'S NAME (First, Middle, Last) BENNETT VAN HORN CAFFEE	9	16. MOTHER'S NAT II	ME (First, Middle, Meiden S DA EVELYN		is	
TO B	DENINETT III TAMAN		·			CALIF.95667	
	20a. METHOD OF OISPOSITION 1 Burlal 2X Cremetion 3 Removal from State 4 Donation 5 Other (Specify) METROPOL 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	LITAN CRE 22. NAME A MURI	MATORY no adoress of fa EL H. BA	ALEX	ANDRIA, L HOME		
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	Therose	-	•	and y and do	Approximate Interval Between Onset and Death Auy S	
PHYSICIAN: MEDICAL C	PART II. Other eignificent conditions contributing to deeth but not reculting help on tysis interstities for respiration for failure		ng ceuse given in	Part i. 24a. WAS AN / PERFORI	AED?	4b. WERE AUTOPSY FINOINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 FYES 2 \(\subseteq \text{NO} \)	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. F	LACE OF DEATH (Ch	eck only one)			
BY PHYS	1 P Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	TIME OF 28c. IN W 1	JURY AT ORK? YES 2 NO	28d. OE\$CRIBE HOW IN			
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm building, etc. (Specify)	m, street, factory, offi	Cai	28f. LOCATION (Street as City or Town, State)	nd Number or Run	I Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occur one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation.					e(a) and menner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER		29c. IJCENSE NUI	791	≥ 3	ED (Mighth, Day, Year)	
		corgeton	n 20, B	ethesda	md.		
	31. DATE FILE MONTH 08 1990						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The law requires that the detending physician and completely filled in by the funeral decidence are 5 at the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be not

	1. DECEDENT'S NAME (First,	Middle, Last)						1	2. DATE OF OEATN MONTH D	AY	YEAR	3. TIME OF CEATN
			nel Plum							6 1	990	10:10 P M
	4. SOCIAL SECURITY NUMB 216-18-732		5. SEX 1 M 2XXF	6. AGE (In yrs. 78	lest birthday) YRS.	MONTHS DAY	-	ER 24 HRS.	(Month, Day, Year)		Count	PLACE (State or Foreign
E E	90. FACILITY NAME (If not in Maryland G			7		96. CITY, TOV		e, Cit	TN	9c. COU		4
6	RESIDENCE OF DEC					Dal	CIMOI	e, CI	-У			
DIRECTOR	MD	Ba1	timore		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS? 1 YES 2XXNO
AL	10e. STREET AND NUMBER					1	101. ZIP CO	DE		10g. CITI	CITIZEN OF WHAT COUNTRY?	
FUNERAL	5215 Garmo	outh	Road				21	L229		1	USA	
ا ۾	11. MARITAL STATUS		12. WAS OECEDEN FORCES? 1	T EVER IN U.S.	ARMED				ORIGIN? (Specify Ye Puerto Rican, etc.)	s or No-		E — American Indian, k, White, etc.
B	1 Never Married 2 NXX Widowed 4 Divo		IF YES, GIVE W	AR OR DATES			YES AND XNO				Spec	
		EDENT'S EDU highest grade		16a.	DECEDENT'S	USUAL OCCUP work done during se retired.)	ATION most of work	dng	16b. KIND OF BU	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0		College (1-4 or 8 d									
M	17. FATHER'S NAME (First, M	inknov	WII	1	nomem	aker			OWN I			-
8	Ralph P. J		h						, ., ., ., .,	,		
BE	19a. INFORMANT'S NAME (7		LOII		405 10411 1510	ADDRESS (OL			mily Way		0.11	
2	Wyane J.				440	Kent	Ave/	Balte	o. MD			
	X Burial 2 Cremation 3 Removal from State other				place)	SITION (Name o				CATION —		
	21. SIGNATURE OF PUNERA		KNSEE	1101	Clair	and Memorial Baltimore, MD						
	1 Jule	K.	I dal	5		Ste	erlin	ig Asl	hton Fur	neral	L Ho	ome, PA
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory and another. Liet only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):					Approximate Interval Between Onset and Death						
MEDICAL CERTIFICATION	Sequentially list condit if any, leading to imme- cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events resulting in death) LAS	diete ING Iry	b. A 52/14 DUE TO		PACUMAN O	71 ¹ 4 F):						60 hrs
2	PART II. Other significs	nt condition	ns contributing to	death but no	t resulting	In the under	ying cause	given in Pa	art I. 24a. WAS AF	AUTOPSY	248	. WERE AUTOPSY FINDINGS
2	- Restry	(ARLIN	ina, 5	10 Ful	4: Whom	10	14/54		PERFO	RMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE
	- Vent di	mining	railty		MAHEY				_ 1 YES	2 KNO		OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED T	O MEDICAL			_	20	DI ACE OF	OEATH (Chec	t net one)			
2	EXAMINER?		HOSPITAL:		a 🗆 nos	OTHER:						
PHYSICIAN:	27. MANNER OF BEATH		28a. DATE OF (Month, D	ER/Outpatiens INJURY Pay, Year)	26b. TIN		Nome 5 L. INJURY AT WORK?		Other (Specify) 28d. DESCRIBE HOW	INJURY OC	CURED	
BY		Pending Investigation					YES 2					
		Could not be determined		of INJURY — All stc. (Specify)	home, farm,	street, factory,	office	- 1	281. LOCATION (Street City or Town, State		or Rural	Route Number,
COMPLETED	(onton only								o the cause(a) and ma me, date and place, a			s) and manner as stated.
BE	296. SIGNATURE AND TITLE	OF CERTIFIE	r the M	0	Hause	OFFILER	29c. Li	CENSE NUMB	DER	29d, DAT	400	(Month, Dey, Year)
2	30. NAME AND ADDRESS O	F PERSON WI	O COMPLETEO CAU		TEM 27) (Type	Print)	15 CF IT	Aı		1		
	31. DATE FILED (Month, Day, MAR 0			ARIS SIGNATO		1100						

	4. SOCIAL SECURITY NUM	Thomas	Lee	GE (In yrs. li		ATTES	-	March	1 3, DAY	1990 YE	AR 2:	36 p M
	225-34-1.	271	1 🔯 M 2 🗆 F	61	YRS. MON		IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DI	3 -	6-19	740 0	irg:	inia
TOR	Franklin	Squar	,				ville					County
DIRECTOR	10a. STATE Md.	10b. COUNTY BAlti			10c. CITY, TO		nore, Mo	i.	• • • • •			I. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	8823 Dea:		Drive			10	21236			U.S.		COUNTRY?
BY FUN	11, MARITAL STATUS 1 Never Merried 2 [3 Wildowed 4 Di	_	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	/ES 2		If yes, s	CENDENT OF NISPAI pecify Cuben, Maxica S 2 X NO Specif	in, Puerto Ric			RACE — Black, Wi Specify: WHi	
PLETED					DECEDENT'S USU (Give kind of work of the Do NOT use ret	done during n ired.)	ION lost of working		aperi	NESS/INDUST		
E COMPL	17. FATNER'S NAME (First,		on .		Sewin	9	18. MOTHER'S NA	ME (First, Mic	ddle, Maiden Su			
TO B	190. INFORMANT'S NAME Thomas L	(Type/Print)					and Number or Rural n St. #					24060 sburg,Va
•	20a. METHOD OF DISPOS 1 Burial 2 Creme 4 Donation 5 Oth		oval from State	other	place)	t Cre	emetery, cremetory or ematory			ATION — CITY		State
	21. SIGNATURE OF FUNEF	AL SERVICE LIC	ENDER	11700		Brad	ano address of FA ley-Asi Willow	nton	FUner	cal H	ome nda:	, Inc. lk,MD.21
	23. PART I. Enter the ahock, or IMMEDIATE CAUSE (fillsease or condition resulting in deeth)	heert fallure. Inel	List only one couse of	lar T	_{achiyca}				ec or reapire	etory arrest	,	Approximete interval Batween Onset and Death
NO	Sequentielly list cond		. Acute My	ocard	ial Inf	arcti	on					
CERTIFICATION	If eny, laeding to immeass. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	YING	c		EOUENCE OF):							
EDICAL	PART II. Other algolfi	cent condition	ea contributing to dea	th but no	t resulting in ti	he underlyi	ng cause given in		24a. WAS AN A PERFORM 1 YES 2 1	MED?	AM CO OF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MIPLETION DE CAUSE DEATH? YES 2 NO
SICIAN: M	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	LICORITA I				PLACE OF DEATH (C	heck only one))			
PHYSIC	1 N YES 2 NO		HOSPITAL: Inpatient 2 - ER		3 DOA 4 [F 28c. II	ome 5 Residence		(Specify)	JURY OCCUR	ED	
ВУ Р	2 Accident	Pending Investigation	(Month, Day, N		home farm street	M 1	YORK? YES 2 NO	261 1 OCA	TION (Street an	od Number or	Rural Anus	n Number
ETED	3 Suicide 6 4 Nomicide	Could not be determined	building, atc.	(Specify)					Town, State)			
O BE COMPLETED BY PHYSICIAN	Control only —		ICIAN: To the best of my								suse(a) ar	nd manner as stated.
TO BE CO	296. SIGNATURE AND TIT	LE OF CENTRE		MIF	org)		29c. LICENSE NU D3 4 7	1 5 7		29d. DATE 9	_	07th, Day, Year)
F	30. NAME AND ADDRESS David R			·			Dr. Bali	o Md	2123	37		
	31. DATE FILEDING TO	° 0°8 199	32. REGISTRATI	SIGNATURE	Randalla	uure	DI. Dali	JUS PIU	. 616	<i>J</i> /		

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4-6-90 cm

	1 - STATE REGISTRAR	STATE OF	MARYLAND / Ce	DEPAR ERTIF						YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Las Li	" ILLIAN	CARMELL	A	P	OLIN	3		2. DATE OF D	PO DAY	YEAR	3.	6:59PM M
Œ	4. SOCIAL SECURITY NUMBER 214-24-151 9a. FACILITY NAME (If not institution, give 3708 Raspe Ave:	,	6. AGE (In yrs. les	t birthday) YRS.		DAYS TOWN O		MIN.		o, 192	5 Co	untry) EST	VTRGTNTA
DIRECTOR	RESIDENCE OF DECEDENT			т								_	
IRE	MARYLAND 10b. COUN	ITY		77	y, town (d. INSIDE CITY LIMITS? VES 2 NO
	10e. STREET AND NUMBER						ZIP CODI	E		1	0g. CITIZEN O		
FUNERAL	3708 RASPE AVENU	Æ				2	21206	ó			USA		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Number Married 4 Divorced	FORCES?	NT EVER IN U.S. AR 1 YES 2 XI WAR OR DATES	MED			cify Cuba	n, Mexica	IIC ORIGIN? (Sp n, Puerto Rican /:		В	lack, W	American Indian, hita, etc.
COMPLETED	15. DECEDENT'S El (Specify only highest gra Elementary/Secondary (0-12)		(G life.	CEDENT'S two kind of Do NOT u	work done se retired.)	during mos	IN st of workin	ng	101 -110	OF BUSIN	ESS/INDUSTR		
BE COM	17. NATHER SHAME (First, Middle, Last) SANTO PAPALIA						C	arm	ME (First, Middle	, Maiden Sur	Ma yo	la	
2	19a. INFORMANT'S NAME (Type/Print) STEVEN L. POLING	3							Route Number, Ca				
	20a. METHOD OF DISPOSITION 1		20b. PLACE other pl	OF DISPO	SITION (N	ame of cen	netery, cren			20c. LOCAT	TION — City or	r Town	
	21. SIGNATURE OF FUHERAL BEATUCE	LICENSEE,	GREE	NMOUN	22. I	NAME AND IPPE	D ADDRE	JNER/	CILITY AL HOME	i, INC			21206
	shock, or heart failure. List only one cause on each line. iMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OP):												
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reculting in deeth) LAST	G	O (OR AS A CONSE										
MEDICAL CE	PART ii. Other significant conditi	ons contributing t	o death but not a	resulting	in the u	nderlying	g cause	given in		. WAS AN AU PERFORME XYES 2	ED?	CI	ERE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE F DEATH? YES 2 \(\text{NO} \) NO
AN	25. WAS CASE REFERRED TO MEDICAL			_		26. PL	ACE OF D	DEATH /Ch	eck only one)				
SIC	EXAMINER? XXXVES 2 \(\text{NO} \)	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE 4 Nu	R:			6 Other (Spi	ecify)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural S Pending 2 Accident Investigation	2 5	Day, Year)	28b. TIR	ME OF JURY M		URY AT RK? /ES 2	Š NO	28d. DESCRIE SUBJEC		URY OCCURED		RUG OVERDO
	3 Suicide 8 Could not I 4 Homicide determined	bulldin	OF INJURY — At hog, etc. (Specify)	ome, farm,	street, fac	tory, offic			281. LOCATION City or To		Number or Ru	RAPE	AVENUE
Schiefold				se(a) s	nd manner as attated.								
TO BE C	296. SIGNATURE AND TITLE OF CERTIF	= (One	Youl	l			29c. LIC	ENSE NU	MBER	2		NED (M	onth, Day, Year)
	30. NAME AND ADDRESS OF PERSON MARGARITA A. K		USE OF DEATH (ITE	М 27) (Тур		11 P	enn	Stre	et,Bal	timor	e,MD 2	212	01 5
	31. DATE FILED (Month, Day, Not) MAR 08 1990 July Davidson-Rendere												

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ar hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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SALL INC	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Plan 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral attended to the following	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner metals
ב ע	death.	funer.	exam
3	s after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formal authority and suffering a suffering principle and completely filled in by the formal authority and suffering the finite organization or removal	dical
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5	ires th	Signed	WS ar
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L	The lan	te has	m 23
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DIVISION OF YEAR DECORDS, F.O. BOA 19149,	PHYSIC	this ce	rked,
5	DING	After	s ma
2	ATTEN	CTOR	28
5	L DR	L DIRE	Her
	SPITA	INERA	NT: B
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	5	2	B ₩

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEN REG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last Mr. William	m Grant 4 Ren	dall			2. DATE OF DEATH MONTH MATCh 6,		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 705-09-0007	1 3 1 2 F 8	2 YRS. MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/18/07	Ma	THPLACE (State or Foreign intry) Tryland	
OR		ounty General		Randa1	r location of de 1stown	EATH	9c. COUNTY OF - Balt	imore	
딥	10s. STATE 10b. COUN	TY	10c. CITY, TO	WN OR LOCAT	ON		10d. INSIDE CITY		
FUNERAL DIRECTOR	Maryland Bal	timore	- R	ockda1	e			1 YES 2 NATO	
3AL	10e. STREET AND NUMBER		. 200	101	ZIP CODE			F WHAT COUNTRY?	
NE NE	77922 Dunhill V	111age Ulrcle		13 WAS DEC	21207	/ NC ORIGIN? (Specify Yea	U.S.	A. ACE — American Indian,	
B⊀	1 Never Married 2 Married 3 Widowed 4 Diverced	FORCES? TXX YES IF YES, GIVE WAR OR DO WW II	2 NO	If yes, spi		n, Puerto Ricen, atc.)	Bi	ack, White, atc.	
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use rel	done during mo:	N at of working	16b. KIND OF BUS	SINESS/INDUSTRY		
MPL	High School		Account	ant			Railroa	.d	
8	17. FATHER'S NAME (First, Middle, Last)	D - m d - 1 1				ME (First, Middle, Malden		1 -	
BE	William 19s. INFORMANT'S NAME (Type/Print)	Rendall	19b. MAILING ADI	DRESS (Street a		SSIE Route Number, City or Tow		Ralto MD	
임	Mrs. Betty Ren	dall				age Circle			
	20a. METHOD OF DISPOSITION 1 St Burlet 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	206	other place) Lorraine P	N (Name of cen	setsov cremetory or	20c. LO	CATION City or		
	21. SIGNATURE OF FUNERAL SERVICE I					CUTY FUneral Di		,	
*	Dough S. K	Cellner		8728	Liberty	Road Rand	allstow		
	23. PART I. Enter tha disasses, or shock, or heart failure immediate CAUSE (Finsi disasse or condition resulting in death)	s. Due to (on as a		طسه	l far	luce	natory stress,	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentislly list conditions, if any, laading to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· cecal	A CONSEQUENCE OF):	tun of the	e cole	~		60 Cky	
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	ons contributing to death b	out not resulting in t	ha underlyin	g cauaa givan in	Part I. 24s. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. Pi	ACE OF DEATH (Ch	neck only one)			
SIC	1 TYES 2 NO	HOSPITAL:		THER: Nursing Hom	s 5 🗆 Residence	8 Cher (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WC	RK?	28d. OEŞCRIBE HOW I	INJURY OCCURED		
ED BY	2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	28s, PLACE OF INJURY	f — At home, farm, stree		ES 2 NO	281. LOCATION (Street City or Town, State)		ral Route Number,	
COMPLETED	enel	/SICIAN: To the best of my know NER: On the besis of examination						se(a) and manner as stated.	
	296. SHOWATURE AND TITLE OF CHATTE	JER /			29c, LICENSE NU	MBER	29d. DATE SIGN	IND (Mogth, Day, Year)	
) BE	(Toward	Spilolu 12	2		0287	192	▶ 3/	16/40	
2	30. NAME AND ADDRESS OF PERSON V	/ -			OR.	OWINGS.	MILLS.	~ 21117	
	31. DATE FILE MAR 0 8 1991	32. AMGISTRAR'S SIGN					<i></i>		

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hospital or attending physician. Respect 1, 2, 3 should returned for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may in TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1		FOR STATE REGISTRAR			STATE	0F	MAR	YLAI	ND /
	. D	ECEDENT'S NAME	First, Middle,	Last)		0	- 1	6-	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIF	ICATE OF	DEATH	REG. NO).	
	1. DECEDENT'S NAME (First, Middle, Last) EMERSON Robert Ragle	n			2, DATE OF DEATH	DATT TE	SAR 434 AM
	4. SOCIAL SECURITY NUMBER 5. SEX 8. A 220 146490 14 m 2 - F	MGE (In yrs. leat birthday) 66 vrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mogth Day Year) 8/22/23	6. 1	BIRTHPLACE (State or Foreign Country) Kentucky
TOR	9a. FACILITY NAME (W not institution, give street and number) Loch Raven V.A. Hospital RESIDENCE OF DECEDENT		Pb. CITY, TOWN C	Raven	ATH	9c. COUNTY Ba	of DEATH 1timore
DIRECTOR	100. STATE 10b. COUNTY Maryland Baltimore		y, town or locat	TION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 7108 Marston Road		101	ZIP CODE 2120	07		of what country? ed States
В	11. MARITAL STATUS 1 Never Merried 2 Theoried 3 Widowed 4 Divorced 12. WAS DECEDENT EV FORCES? 1 To SIF YES, GIVE WAR O	YES 2 NO	If yes, sp	ENDENT OF HISPAN ecity Cuban, Mexica 2 SNO Specify	IIC ORIGIN? (Specify Vin, Puarto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 9th grade	(Give kind of a life. Do NOT us	,	st of working	166. KIND OF BI	JSINESS/INDUST	TRY
00	17, FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Malde	1 Sumame)	
H	Robert Royal Raglin	405 25411 1110	4000000 (Out.)		ce Brown Poute Number, City or To		
5	Mrs. Violet Raglin				Baltimore;		1207
	20a. METHOD OF DISPOSITION XX Burlel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)	20b. PLACE OF DISPO- other place)		netery, cremetory or orest VA		Garrison — Chy	
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE	ben-	Lori		Funeral I		own, MD 21133
	23. PART I. Enter the diseases, or complications that ca shock, or heart failure. List only one cause of immediate CAUSE (Finel disease or condition resulting in death)	used the death. Do on each line. 9 n a Wich \$ AS A CONSEQUENCE O	not enter the mo	de of dying, suc	h aa cardiac or res	piratory arrest	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	AS A CONSEQUENCE O AS A CONSEQUENCE O	F):				
MEDICAL	PART II. Other algoriticant conditions contributing to dea			g cause given in	Part I. 24a. WAS A PERFC	N AUTOPSY PRMED? 2 2 200	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? VES 2 \(\sqrt{N} \) NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PI OTHER:	ACE OF DEATH (Ch	eck only one)		
IXSI	EXAMINER? 1 YES 2 TO TO TO THE TOTAL: 1 PROPERTY OF THE TOTAL CONTROL		4 - Nursing Hom		8 Other (Specify)		
>	27. MANNER OF DEATH 1. Natural 6 Pending Investigation	URY 28b. TIN	JURY WO	URY AT ORK? YES 2 NO	26d. DESCRIBE HOW	INJURY OCCUR	BED
00	2 Postabilit	JURY — At home, farm, (Specify)	atreet, factory, offic	•	28f. LOCATION (Stree City or Town, Stee	end Number or i	Rural Route Number,
29a. CERTIFIER (Check only one) 29a. MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner as stated.						suse(e) and manner as stated.	
E C	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI			IGNED (Month, Day, Year)
TO BE	momomp	mR038	2	PGY1		▶ 3.	17/90.
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O	F DEATH (ITEM 27) (Type	, Print)				
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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	FOR 1 - STATE REGISTRAR	STATE OF N		DEPAR					IENTAL	REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TH	WE OF DEATH
	STEWART	CI	RAIG	D	ANDO	DIT			монтн	27-90	W.	YEAR	12	:40AM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		IF UNDER		IF UNDER	24 HRS.		OF BIRTH		8. BIRTH		(State or Foreign
		1 🔀 M 2 🗆 F	23	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	Day, Year)		Count	rv)	, MD.
	9a. FACILITY NAME (If not institution, give a	1			9b. CITY	TOWN C	R LOCATIO	ON OF DEA		10 00	9c COUR	NTY OF DEATH		
œ		,			_		more				N/A			
DIRECTO	Alley off of 25	UU DIOCK	Ashland	Ave			morto	CIC	Ž.		14/1	.,7		
₩	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	ION				10d. INSIDE CITY LIMITS?			
	MARYLAND N/	A		В	BALTIMORE								YES 2 NO	
ERAL	10e. STREET AND NUMBER				10f. ZIP CODE 10g						10g. CITI	CITIZEN OF WHAT COUNTRY?		
5	944 POPLAR GROVE STREET				21216 USA						SA		_	
	11. MARITAL STATUS 1 Never Married 2 Married	RMED (40			ENDENT O			? (Specify Yes	or No-	14, RACI Blec	E — An	nerican Indien, e, etc.		
_ 	3 Widowed 4 Divorced	X -			2 X X10					Spec	tty:			
	15, DECEDENT'S EDU	CATION	46 D	ECEDENTS	I I I	COLIBATIO	NA.I		1404	KIND OF BUS	100000000000000000000000000000000000000	HOTON		BLACK
ETED	(Specify only highest grade	completed)		Give kind of a. Do NOT u	work done	during mo	st of working	g	100.	KIND OF BUS	HUE22/IND	PUSTRY		
וב	Elementary/Secondary (0-12)	College (1-4 or 5 a	"	NKNOW										
COMPL	17. FATHER'S NAME (First, Middle, Last)		- 01		1		18. MOTH	IER'S NAM	F (First A	Aiddle, Melden	Surname)			
	CHARLES RANDAL	ОРН					2007	CARRI						
8	19a. INFORMANT'S NAME (Type/Print)		15	D. MAILING	ADDRESS	S (Street a				er, City or Town	n, State, Zio	Code)		
2	CARRIE RANDOL	PH		944	POPL	AR G	ROVE	STRE	EET	(21216)			
	20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPO						_	CATION -	City or To	own, St	ate
	XXSurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ERN S	RN STAR CEMETERY BALTIMORE, MARYLAND								LAND			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22.	NAME A	D ADDRES	SS OF FAC	ILITY					
	> XImi	ttik	· On	na	, 50	OLIM /	TUOM	DCOM	FIIN	נו דא סיבו	OME	D (Ъ	OX 4433
\dashv	23. PART I. Enter the diseases, or	complications tha	t caused the d	eath, Do									1	Approximate
	shock, or heart failure.									•	•	•		Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	. Multip	olo auna	rhot :	. 101110	30							i	Onset sid beaut
	resulting in death)	ISEQUENCE OF):												
_														
<u> </u>	Sequentially list conditions, if any, leeding to immediate	DUE TO	(OR AS A CONSE	QUENCE O	F):									
8 8	cause. Enter UNDERLYING CAUSE (Disease or injury	e												
	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	QUENCE O	F):									
CERTIFICATION	resulting in death) LAST	d												
5	PART II. Other eignificant condition	ns contributing to	death but not	resulting	in the u	nderlyin	g ceuse g	given in F	Part I.	24a. WAS AN		240		AUTOPSY FINDINGS
S										PERFOR			COME	ABLE PRIOR TO PLETION OF CAUSE
MED									_ [XXX YES 2				EATH? YES 2 NO
									-				2 24 245	
X	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF D	EATH (Che	ck only on	10)				
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE		e 5 🗆 Re	eldence s	e vis Othe	r (Specify)	SCE	TF.		
PHYSICIAN:	27. MANNER OF DEATH	28a, DATE OF	INJURY	28b. TH		28c. IN.			M.M.	CRIBE HOW I				
BY	1 Natural 5 Pending 2 Accident Investigation	2-27-	90	AM	M	1 🗆		₹ X O	Sub	ject s	hot			
	3 Suicide 6 Could not be		OF INJURY At h			tory, offic	•		281. LOC	ATION (Street or Town, State)	and Number	or Aurel	Route I	Vumber,
	XXX Homicide determined			Al	ley				2500	blk.	Ashla	and	Ave	.,Balto.M
2	29a, CERTIFIER (Check only	ICIAN: To the best of	l my knowledge, d	leath occur	red at the	time, date	and place	, and due t	to the cau	use(a) and mai	nner as sta	ted.		
COMPLETED	one) MEDICAL EXAMIN	ER: On the beels of e	examination and/or	r Investigati	on, in my	opinion, d	leath occur	red at the t	time, date	and place, er	d due to th	ne cause	(e) and	manner as stated.
	294 JIGNATURE AND TITLE OF CERTIFIE	R					29c. LICI	ENSE NUM	BER		29d, DAT	E SIGNE	D (Mont	th, Day, Year)
BE	where me	Thele					OCN	Œ			•	2-2	7-9	0
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAU	SE OF DEATH (IT	ЕМ 27) (Тур	e, Print)	•	<u></u>							
	MARGARITA A. KO	RELL,MD			111	Pen	n Str	ceet,	Balt	imore	,MD 2	2120	1	VC
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE											
- 1	MAR 0 8 1990	Lucian	Tairidan 7	0										

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Paga 6 may be 100 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages to the completely filled in by the funeral director, pages to the completely filled in by the funeral director, pages the completely filled in by the funeral director, pages to the completely filled in by the funeral director, pages to the completely filled in by the funeral director, pages to the completely filled in by the funeral director.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be not	
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OSP	N	
五日	H	
五五章	02	
5 5 3	3 =	

REGISTRAR 1. DECEOENT'S NAME (First, Middle, Last) George L. Robinette CERTIFICATE OF DEATH 2. DATE OF MONTH MONTH Marci	REG. NO.								
George L. Robinette Marci	F DEATH	year 3. TIM	E OF DEATN						
	h 6, 199	00	M						
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. list birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF (Month, D. MONTHS DAYS HOURS MIN. (Month, D. MONTHS DAYS HOURS MIN.	F BIRTN Day, Year)	8. BIRTNPLACE Country)	(Stete or Foreign						
212 18 8489 XX ^{M 2} F 69 YRS. 1/11,		Maryland							
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN		9c. COUNTY OF OEATN							
4342 Falls Road Baltimore	Ba	Baltimore City							
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?							
Maryland Baltimore City Baltimore		VXXYES 2 □ NO							
4342 Falls Road RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Baltimore 10c. CITY, TOWN OR LOCATION Baltimore 10c. STREET AND NUMBER 4342 Falls Road 10c. STREET AND NUMBER 4342 Falls Road 10c. STREET AND NUMBER 10f. ZIP CODE 21211 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. WAS DECEDENT OF NISPANIC ORIGIN? (8 or 19	10g. C	10g. CITIZEN OF WHAT COUNTRY?							
4342 Falls Road 21211 11. MARITAL STATUS 12. WAS DECEDENT, EYER IN U.S. ARMED 13. WAS DECEMBENT OF RISPANIC ORIGIN? (5)	(Casalty Van as No.	U.S.A.							
11. MARITAL STATUS 12. WAS DECEOENT EYER IN U.S. ARMED FORCES? VLAYES 2 NO 11. Never Married 2 Married 12. Was DECEOENT OF NISPANIC ORIGIN? (If yes, specify, Cuban, Mexican, Puerto Rics 11. YES, GIVE WAR DEATES 11. YES 2 NO 12. WAS DECENDENT OF NISPANIC ORIGIN? (If yes, specify, Cuban, Mexican, Puerto Rics 11. YES 2 N NO 12. WAS DECENDENT OF NISPANIC ORIGIN? (If yes, specify, Cuban, Mexican, Puerto Rics 11. YES, GIVE WAR DEATES 11. YES, GIVE WAR DEATES 12. WAS DECENDENT OF NISPANIC ORIGIN? (If yes, specify, Cuban, Mexican, Puerto Rics 12. Was DECENDENT OF NISPANIC ORIGIN? (If yes, specify, Cuban, Mexican, Puerto Rics 12. Was DECENDENT OF NISPANIC ORIGIN? (If yes, specify, Cuban, Mexican, Puerto Rics 12. Was DECENDENT OF NISPANIC ORIGIN? (If yes, specify, Cuban, Mexican, Puerto Rics 12. Was DECENDENT OF NISPANIC ORIGIN? (If yes, specify, Cuban, Mexican, Puerto Rics 12. Was DECENDENT OF NISPANIC ORIGIN? (If yes, specify, Cuban, Mexican, Puerto Rics 12. Was DECENDENT OF NISPANIC ORIGIN? (If yes, specify, Cuban, Mexican, Puerto Rics 13. Was DECENDENT OF NISPANIC ORIGIN? (If yes, specify, Cuban, Mexican, Puerto Rics 14. Yes, GIVE WAR DECENDENT OF NISPANIC ORIGIN? (If yes, specify, Cuban, Mexican, Puerto Rics 15. Yes, GIVE WAR DECENDENT OF NISPANIC ORIGIN? (If yes, specify, Cuban, Mexican, Puerto Rics 16. Yes, GIVE WAR DECENDENT OR NISPANIC ORIGIN? (If yes, specify, Cuban, Mexican, Puerto Rics) 16. Yes, GIVE WAR DECENDENT OR NISPANIC ORIGIN? (If yes, specify, Cuban, Mexican, Puerto Rics) 17. Yes, GIVE WAR DECENDENT OR NISPANIC ORIGIN? (If yes, specify, Cuban, Mexican, Puerto Rics) 18. Yes, GIVE WAR DECENDENT OR NISPANIC ORIGIN? (If yes, specify, Cuban, Mexican, Puerto Rics) 19. Yes, GIVE WAR DECENDENT OR NISPANIC ORIGIN? (If yes, specify, Cuban, Mexican, Puerto Rics) 19. Yes, GIVE WAR DECENDENT OR NISPANIC ORIGIN? (If yes, specify, Cuban, Mexican, Puerto Rics) 19. Yes, GIVE WAR DECENDENT OR NISPANIC ORIGIN? (If yes, specify, Cuban, Mexican, Puerto Rics)		Black, White, etc.							
a S Wildowed 4 Divorced WWII		so-chinite							
15. DECEDENT'S EDUCATION 16a. OECEOENT'S USUAL OCCUPATION (Specify only highest grade completed) 16b. KI	(IND OF BUSINESS/								
Elementery/Secondary (0-12) College (1-4 or 5+) 8+h College (1-4 or 5+) Machine Mechanic	Plastic	Mfor							
8th Macrittle Mechanic 1 17. FATNER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Lest)									
George Robinette Pearl	Goss								
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) 8th 17. FATNER'S NAME (First, Middle, Last) George Robinette 19a. INFORMANT'S NAME (Type/Print) Machine Mechanic 19b. Malling Address (Street and Number or Rural Route Number) 19b. Malling Address (Street and Number or Rural Route Number) 19c. Malling Address (Street and Number or Rural Route Number)									
Marian E. Robinette 4342 rails Road, Baltin		Maryland 21211							
20a. METNOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	- City or Town, Sta								
4 Donation 5 Option (Specify) Entombment Loudon Park Cemetery 21. SIGNATURE OF FUTERAL SERVICE LICENSEE.	Baltim	ore. Mary	yland						
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Burgee-Henss Funeral Home 3631 Falls Road, Baltimore, Maryland 21211									
2021 F-11 P 1 P	1	1/ 1	1 04044						
Jugge Hluss 3631 Falls Road, Bal	ltimore,	Maryland	d 21211						
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sofflied at once.

IMPORTANT; if item 28 is marked, or item 23 shows any injury, or other fraumatic event, the medical exami

1	FOR ■ STATE REGISTR	AF
	1. DECEDENT'S	N

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Lest) F'REI		TRICK	COOK,	III	2. DATE	of DEATH D	NY	YEAR	7:15AM M	
4. SOCIAL SECURITY NUMBER 216-92-6644	5. SEX 6. AGE		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	Des Mar)		6 BIDTHDI	ACE (State or Foreign aryland	
9a. FACILITY NAME (If not institution, give 14815 Hanover P:		9		on Location of DE esburg	EATH			TY OF DEA		
100. STATE 10b. COUN Pennsylvania	York County	TOWN OR LOCA	Hanover					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
100. STREET AND NUMBER 649 3rd Street								U.S.	S.A.	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 X)NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuban, Mexican, Puerto Rican, etc.) 1 VES 2 NO Specify: Specify:						American Indian, Thite, etc. White	
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 9th		1	ork done during most of working e retired.)					siness/industry s Supermarket		
17. FATHER'S NAME (First, Middle, Last)	Fred P. Co			16. MOTHER'S NA			Surname)			
19a. INFORMANT'S NAME (Type/Print)	red P. Cook,	Jr . 411 W	DERESS (Street	and Number or Rural	Route Numb	er, City or Tow	n, State, Zip	yland	21211	
20s, METHOD OF DISPOSITION 1.A. Burlel 2 Cremation 3 Removal from State 1 4 Donation 5 D Other (specify) A.									, State	
21. SIGNATURE OF PUNERAL SERVICE	CENSEE	27		Falls Ro	B.	urgee- altimo	Hens:	s Fund MD 2:	eral Home 1211	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Head and neck injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):								
PART II. Other significant condition	ona contributing to deeth	but not resulting in	the underlyi	ng cause given in	Part i.	24a. WAS AN PERFOR	RMED?	C	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1.5		PLACE OF DEATH (Ch	neck only on	10)			•	
XXXXES 2 NO	1 Inpatient 2 ER/Ou	itpatient 3 DOA 4		me 5 - Residence			SCE			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Decident Investigation		6:40	AM 1 H	JURY AT ORK? YES 2 XNO	Dri		n aut	o/tru	ck impact	
3 Suicide 6 Could not b 4 Homicide determined	RY — At home, farm, streecify)	Road 14815 Hanover Pike, Baltin								
	SICIAN: To the best of my known								nd menner se stated.	
200 SIGNATURE AND TITLE OF CONTIN	JACU A	M		29c. LICENSE NUI	MBER		29d. DAT	3-5-	fonth, Day, Year)	
MARIO F. GOLLE,	V			Street,	Balti	more,	MD 21	201		
MAR 08 1991	32. REGISTRAR'S SIG									

3. TIME OF DEATH

DONALD

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTER

2. DATE OF DEATH MONTH

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		this certificate has been signed by the attending physician and completely filled in by the funeral director, and 5 should be detached for use as the burial-transit permit. Pages 1		
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	PHYSICIAN: The law requires that the death certificate be executed within . Curs after death. Page 6 may be executed by the hospital or attending physician.	heat	Sta	
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BALTIMORE, MARYLAND 21203-3146

the medical TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematim MPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event,

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	VGE (In yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7, DATE OF BIRTH		8. BIRTHPLAC	E (State or Foreign		
	190 32 9679	3537	47 YAS.		AYS HOURS MIN.	(Month, Day, Year)		Country)	rgh,PA.		
	9a. FACILITY NAME (If not institution, give st		+ /	9h CITY TO	WN OR LOCATION OF DE	Oct 16,19		TY OF DEATH	ilgii,FA.		
- 1				-							
2	Holy Cross Hospi	Silver Spring Montgomery									
3	10a. STATE 10b. COUNTY		10c. Ci	TY, TOWN OR L	OCATION			10d.	INSIDE CITY		
DIRECTOR	NA NA	A NA Washingto					ngton, D.C. 1 \(\frac{1}{\sqrt{x}}\) YES 2 \(\Delta\) NO				
₹	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZ	EN OF WHAT	COUNTRY?		
	2300 Good Hope	Road, S.E.	#313		20020		UNIT	ED STA	TES		
BY FUNERAL	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			'If yo	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 1. YES 2 NO Specify:						
9	15. DECEDENT'S EDUC		16a. DECEDENT	S USUAL OCCU	USUAL OCCUPATION 16b. KIND OF BUS						
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 6+)	(Give kind o	f work done duri use retired.)	ng most of working						
	12	4	TEACHE	R		D.C.GO	VERNM	FNT			
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden		DIVI			
	CHARLES REGISTER	,									
	19a. INFORMANT'S NAME (Type/Print)		10h MAII IN	G ADDRESS /S	Treet and Number or Rural		n State 7in	Codel			
		(backer									
		riend)			n Dr., Camp			748			
	20a. METHOD OF DISPOSITION 1	ομερί/1ρορα Stata	other place)		of cemetery, crematory or			City or Town, S	Itata		
			SPRIGGS &		N FUN HOME		TSBUR	GH, PA			
	21. SIGNATURE OF PENERAL SERVICE LIC	ENSEE	2		ME AND ADDRESS OF FA	CILITY 2	617 P	ennsv1	vania Ave		
	· Mus of	Ans &	M85	9 Po.	pe Funeral			-	D.C. 20020		
\dashv	23. PART i. Enter the diseases, or o	complications that cr	used the death. Do						Approximate		
ı	ahock, or heart failura.	List only one cause	on each line.				,		interval Between		
	iMMEDIATE CAUSE (Final disease or condition	Xtool	0	5	ontie			-	Onset and Death		
	reaulting in desth)	suga	wroten	1	Jourses	ned					
		DUE TO LOR	AS A CONSEQUENCE	OF:	17	- //	_	+			
ξ	Sequentially list conditions	Hace	not (na	carack	s (u	cul	2)			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate										
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	Dias	reces	1/1	elli						
	that initiated events resulting in death) LAST	LI TO TO	AS A CONSEQUENCE	200	- Pon	. 7 . 0		i			
ב נו	Todating in deating Exer.	d. // \	uni	rges	1102	care					
	PART II. Other aignificant condition	s contributing to de	eth but not resulting	th the unde	riving cause given in	Part i. 24e. WAS AI	AUTOPSY	24b, WEF	E AUTOPSY FINDINGS		
MEDICAL				V		PERFO	RMED?	AMA	LABLE PRIOR TO IPLETION OF CAUSE		
5					_	1 🗆 YES	2 NO	OF DEATH?			
E								1 [YES 2 NO		
NY.											
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		7	26. PLACE OF DEATH (C	neck only one)					
5	1 TYES 2 DATO	1 Dinpatient 2 - Ef	R/Outpatient 3 🗆 DOA	OTHER:	g Home 5 🗆 Residence	6 Other (Specify)					
"	an arrange on Arran	28e. DATE OF INJ			Bc. INJURY AT	26d. DESCRIBE HOW	INJURY OCC	URED			
	286. DATE OF INJURY 286. TIME OF SECRIBE HOW INJURY WORK? 1 Description 5 Pending Sec. INSURY SEC. IN										
_	1 Natural 5 Pending		2 Accident Investigation								
6	1 Natural 5 Pending 2 Accident Investigation			, street, factory	, offica	281. LOCATION (Street		iber or Rural Route Number,			
20	1 Natural 5 Pending	26e. PLACE OF IN- building, etc.		n, street, factory	, offica	281. LOCATION (Street City or Town, State		or Rural Route	Number,		
20	1	building, etc.	. (Specify)			City or Town, State)		Number,		
20	1	building, etc.	knowledge, death occi	irred at the time	a, data and place, and du	City or Town, State	nner as stat	ed.			
20	1	building, etc.	knowledge, death occi	irred at the time	a, data and place, and du	City or Town, State	nner as stat	ed.			
E COMPLETED BY	1	ICIAN: To the best of my	knowledge, death occi	irred at the time	a, data and place, and du	a to the cause(s) and man time, data and place, s	nner as stat	ed.	f manner as stated.		
BE COMPLETED	1	ICIAN: To the best of my	knowledge, death occi	irred at the time	a, data and place, and du nion, death occured at th	a to the cause(s) and man time, data and place, s	nner as stat	e cause(a) and	f manner as stated.		
E COMPLETED BY	1	building, etc. ICIAN: To the best of my ER: On the basis of exam R. Jupe.	knowledge, death occi ination and/or investigation	urred at the time	a, data and place, and du nion, death occured at th 29c. LICENSE NU	a to the cause(s) and man time, data and place, s	nner as stat	e cause(a) and	d manner as stated.		
BE COMPLETED BY	1	building, etc. ICIAN: To the best of my ER: On the basis of exam R. Jupe.	knowledge, death occi ination and/or investigation	urred at the time	a, data and place, and du nion, death occured at th 29c. LICENSE NU	a to the cause(s) and man time, data and place, s	nner as stat	e cause(a) and	d manner as stated.		
BE COMPLETED BY	1	building, etc. ICIAN: To the best of my ER: On the basis of exam R J O COMPLETED CAUSE (knowledge, death occilination and/or investige M a D , DF DEATH (ITEM 27) (7)	urred at the time	a, data and place, and du nion, death occured at th	a to the cause(s) and man time, data and place, s	nner as stat	e cause(a) and	d manner as stated.		
BE COMPLETED BY	1	building, etc. ICIAN: To the best of my ER: On the basis of exam R. Jupe.	knowledge, death occilination and/or investige M a D , DF DEATH (ITEM 27) (7)	urred at the time	a, data and place, and du nion, death occured at th 29c. LICENSE NU	a to the cause(s) and man time, data and place, s	nner as stat	e cause(a) and	d manner as stated.		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	7
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.)

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.											
	1. DECEDENT'S NAME (First, Middle, Last) MARION	MARION BLANG	CHARD RADL	EY			-	S. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 577-34-7835	5. SEX 6. AGE (- 0/ HERNDON, VA.							
TOR	96. FACILITY NAME (If not institution, give st FERNWOOD HO RESIDENCE OF DECEDENT	use	96.	АТН	9c. COUNTY OF DEATH MONTGOMERY						
- DIRECTOR	MARYLAND MONTGO		BETHE				10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	100. STREET AND NUMBER 6530 DEMOCRACY BL 11. MARITAL STATUS	VD.	III & ADMED	2	20817	UC ORIONIS (Consider V	U.S.A.				
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 ☐ YES 2 ☐ NO Specify: White								
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	16e. DECEDENT'S USU (Give kind of work life. Do NOT use rel	done during mo ired.)	DN st of working	27 222 222	USINESS/INDUS	TRY			
OMF	12 N 17. FATHER'S NAME (First, Middle, Last)	lone	Home-make	er	16. MOTHER'S NA	ME (First, Middle, Maide	Home				
BE C	WILLIAM S. BLANCH	WILLIAM S. BLANCHARD ANNA MARIO									
70	19e. INFORMANT'S NAME (Type/Print)					Toute Number, City or To					
·	DORIS R. JAMISON 5221 WINDMILL LANE, COLUMBIA, MD 21044 20s. METHOD OF DISPOSITION 1 Buriss 2/A Cremetion 3 / Removal from State 20s. PLACE OF DISPOSITION (Name of cometer), crematory or 20s. LOCATION — City or Town, State										
	4 Donation 7 Other (Specify) ALEXANDRIA, VA.										
	21. SEGNATURE OF THE SERVICE LICENSEE SE										
	23. BAPY I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	List only one ceuse on e	ech line.	,	de of dying, such	h ss cardlec or res	piretory screen	t, Approximate Interval Between Onset and Desth			
CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury										
CERTIF	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL	PART II. Other algoliticent condition	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
AN	25. WAS CASE REFERRED TO MEDICAL			20.71	ACE OF DEATH (Ch	ack only one)					
SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outs		THEA:	e 5 🗆 Residence		100501	c-e			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WC	URY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY CCU	RED			
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLETED	Appel —	CIAN: To the best of my know R: On the basic of examination						ceuse(e) end menner as stated.			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	2 Del	SOM	0	29c. LICENSE NU	192/	29d. DATE S	GIGNEO (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO	TO MAN	(225	" Por	KS HiC	(20,1	Rether	na Rup			
	MAR 08 1990	32. REGISTRAR'S SIGN	A THE LOW								

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	THE STATE OF MANUELLAND / DEPARTMENT OF HEALTH AND MENTAL HIGHERE									
1. DECEDENT'S NAME (First, Middle, Lest) FLORENCE	E. RUBENSTEIN		2. DATE OF DEATH DAY	YEAR O	3. TIME OF GEATH 2:08 Am					
4. SOCIAL SECURITY NUMBER 214-20-8537		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3 - 2/ -2	Coun	HPLACE (State or Foreign try)					
98. FACILITY NAME (If not institution, give str MERCY MEDICAL	reet and number) CENTER	BALTIMON		9c. COUNTY OF	DEATH					
10e. STATE 10b. COUNTY	10c. CFTY, T	OWN OR LOCATION BAL+IMOR	PE.		10d. INSIDE CITY LIMITS? 1 YES 2 NO					
100. STREET AND NUMBER 1450 HULL	ST.	10f. ZIP CODE 2/2 3	80	10g. CITIZEN OF	WHAT COUNTRY?					
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ADMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexico 1 TYES 2 NO Specifi	in, Puerto Rican, etc.)	or No 14. RAC Blac Spec	E American Indian, ck, White, etc.					
15. DECEDENT'S EOUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+) (Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF BUSI	INESS/INDUSTRY	11					
17. FATHER'S NAME (First, Middle, Last)	PACKENZIE		ME (First, Middle, Maiden S	BRA	SON					
19a. INFORMANT'S NAME (Type/Print) ELAINE SE	EARS 196. MAILING AD 7058	DORESS (Street and Number or Pural TIMBERFIEL	Route Number, City of Town	, State, Zip CoBA	LTO, Md 21226					
20 AETHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	LEOHR	ON (Name of comotory, cromatory or HILL CEME	TERY GOVE	RITCH	IE HIGHWAY					
21. SIGNATURE OF FUNERAL SERVICE LICE	Doda	22. NAMEAND ADDRESS OF FA	at all	ins ?	metr.					
23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	complications that caused the death. Do not List only one cause on each line. Due TO (OR AS A CONSEQUENCE OF):	entar the mode of dying, aud	ch as cardiac or respir	atory srrest,	Approximate Interval Between Onset and Death					
Sequentisity flat conditions, if smy, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	in Infarcti	277		5 days					
PART II. Other significant conditions	s contributing to death but not resulting in t	the underlying ceuse given in	Part i. 24s. WAS AN / PERFORI	MED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 0	26. PLACE OF GEATH (C)	neck only one)							
1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME O INJURY	Y WORK?	8 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED						
2 Accident Investigation 3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, stre- building, etc. (Specify)	M 1 YES 2 NO	281. LOCATION (Street in City or Town, State)	nd Number or Rurel	Route Number,					
and the second s	ELAN: To the heat of my knowledge, death occurred of the heat of my knowledge, death occurred of the heat of examination and/or investigation,				(e) and manner as stated.					
200 SUBSTATURE SHO TITLE OF CENTIFIER		29c. LICENSE NU			D (Month, Day, Year)					
30. NAME AND ADDRESS OF PERSON WHO	O COMPLETEO CAUSE OF OEATH (ITEM 27) (Typo, Pro	PL BDLTIN	nors oro							
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE									

No. of performance of the Share Visites 1877

A CONTRACTOR LANGUE LANGUE CONTRACTOR

	1 - STATE REGISTRAR	STATE OF N			ICATE				MENTAL I	TYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
	DOROTHY A.	RUSSELL	Doroth	y Ade	ele R	usse	ell		MONTH			YEAR	8 • 40 P
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	7	IF UNDER	1 YEAR	IF UNDER		7. DATE OF (Month, D	BIRTH			IPI ACE (State or Foreign
	217-14-2208	1 M 2 F 67 YRS. MONTHS DAYS HOURS				HOURS	MIN.		16-2	2	Count	"Md.	
	9a. FACILITY NAME (If not institution, give :	street and number)			96. CITY	, TOWN O	A LOCATIO	ON OF DE		0-7		ITY OF D	EATH
S	CHURCH HOSPI	TAL COR	PORATII	TON		RAT.	rt MO	ਬੜ	CITY				
DIRECTOR	RESIDENCE OF DECEDENT 100, STATE 100, COUNT				ry, town o				<u> </u>				40.4 MINIST OWN
E	MD 100. COONT	•		10c, C1	T, TOWN C	JH LOCAL	ION						10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				BA		1ORE		ΤY				1 YES 2 NO
RA	443 ANGLESEA	CORRE		101. ZIP CODE						10g. CITIZEN OF WHAT COUNTRY?			A
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	2 1 2 2 4 IMED 13. WAS DECEMBENT OF HISPANIC ORIG									- American Indien,
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	YES 2 X N			If yes, spe		n, Mexica	n, Puerto Rica		Black, White, etc. Specify: White			
	15. DECEDENT'S EDU	JCATION	16a. DE	ECEDENT'S USUAL OCCUPATION 16b. KIND OF BUS						ND OF BUS	SINESS/IND		_
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	iiile.	Sive kind of work done during most of working a. Do NOT use retired.)									
린	12		04	fice	2 Man	agen			1	ruck	Sale	0	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, Mick	^			
BE (Peter Russell						Ka	the	rine 1	Byrne	2		
10	19a. INFORMANT'S NAME (Type/Print) Edward W. Backhau	ıs	194	443 +	A 1	s (Street a	St.	or Rural Bala	Route Number,	City or Tow	n, State, Zip	Code)	
	20g, METHOD OF DISPOSITION		20b. PLACE		SITION (N	ame of cen	netery, cren	netory or			CATION —		
											, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE /	1.		22.	NAME AN	ID ADDRE	SS OF FA	CILITY			62	24
	harle,	D. 11	ull		(rarl	es S	. 40	eiler o	& Son	Inc	· Ea	stenn Ave.
	23. PART I. Enter the diseases, or	complications the	t caused the de	eath. Do		M	de ad de	Inn acce	de an anadia				Approximate
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cau	use on each light	ARD	IORE	SPI	RAT	ORY	FAIL	URE			Onset and Death
1	disease or condition resulting in death) a. Candia roop n atom Jachus												
	resulting in deadily	DUE TO	OR AS A CONSE			,							
Z	Sequentially the conditions b. Toxagnonic PNEMONIA												
M	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING												
2	CAUSE (Disease or injury	c	(OR AS A CONSE	/			DISEASE						-
Ē	that initiated events resulting in death) LAST	502.10	(on no n conce	dollior (,,,								
CERTIFICATION		d											+
ICAL	PART II. Other significant condition	na contributing to	death but not	resulting	In the u	nderlyln	g ceuse	given in	Part 1, 2	Ia. WAS AN		248	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
20									1	YES 2			COMPLETION OF CAUSE OF DEATH?
MED													1 YES 2 NO
ä													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	DEATH (C	heck only one)				
YSI	1 TYES 2 NO		ER/Outpetient 3	3 🗆 DOA		rsing Horr		esidence	6 Other (S	Specify)			
PH	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE Of (Month, L	F INJURY Day, Year)	28b. TI	ME OF		PRK?		28d. DESCF	RIBE HOW	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation	-			М		YES 2 [NO					
COMPLETED	3 Suicide a Could not be determined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, fectory, office City or Rown, State)							r or Runal	Route Number,				
J.	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	SICIAN: To the best o	f my knowledge, de	eath occur	red at the	time, date	end place	e, end du	e to the cause	(e) end me	nner as star	ted.	
M	2001	IER: On the basis of	examination end/or	Investigat	lon, in my	opinion, d	leath occu	red at the	e time, date er	nd place, ar	nd due to th	ne cause(e) end menner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	ER	D DOW	117 57			29c. LIC	ENSE NU	IMBER		29d. DAT	E SIGNED	O (Month, Day, Year)
BE		XB	R. BOK	nAR]			-	265			1 3	15/5	10 8 40pm
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAL	ISE OF DEATH (ITE	EM 27) (Typ	e, Print)			-	•			1-1"	
	R. BOKHARI C	HURCH H	OCDIMA	г									
	MAR 08 1990 fu		APPSICIAL										
	MAR UN 1990 gu	NO PROPERTY.											

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 routs after demonstrated in the responsibility of the strength of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMOBE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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nours after of in by the or removal.	
vithin 24 pletely fille remation, ent, the	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the knners time be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, certaition, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner means.	
certificate iding physi Hygiene pri r other t	
the death y the atter d Mental injury, o	
uires that signed by Health an DWS any	-
has been Dept. of	
Certificate the State or iten	
After this death with	1
R ATTEND RECTOR: / urs after c	1
OSPITAL O JNERAL DI Ithin 72 ho	
TO THE HU TO THE FU be filed wi IMPORTA	

	REGISTRAR	CERTIFIC	ATE OI	DEATH	REG. NO.	,						
	1, DECEDENT'S NAME (First, Middle, Lest) HERMAN J	Rebb	ert		2. DATE OF DEATH DO	"1990"	SA TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE 220 − 07 − 3833 1 1	- C1	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 3,1		BIRTHPLACE (State or Foreign Country) Maryland					
	9e. FACILITY NAME (If not institution, give street and number)	96.	CITY, TOWN	OR LOCATION OF DE		9c. COUNTY						
DIRECTOR	St. Joseph Hospit	al	Tou	son		Bal	timore					
FC P	10e. STATE 10b. COUNTY	10c. CITY, 10	WN OR LOC	ATION			10d. INSIDE CITY LIMITS?					
- 1	Maryland	Bal		e City			1 YES 2 NO					
FUNERAL	5433 Moores Run Dr.		1	01. ZIP CODE 21206			J.S.A.					
5	11. MARITAL STATUS 12. WAS DECEDENT EVER		13. WAS D		IIC ORIGIN? (Specify Yes		. RACE — American Indien, Black, White, atc.					
R	1 Never Merried 2 Merried IF YES, GIVE WIRR OR I			S 2 X NO Specify			specify: White					
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during i	TION nost of working	16b. KIND OF BU	SINESS/INDUS	TRY					
COMPLETED	Elementary/Secondery (0-12) College (1-4 or 5+)	Product			Rever	e Copp	er & Brass					
Ŏ.	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden		0. 4 21400					
BE	John G. Rebbe	rt		Mary			Roppelt					
5	19e. INFORMANT'S NAME (Type/Print)				Poute Number, City or Tow		**					
	Mr. Raymond J. Rebbert	b. PLACE OF DISPOSITION		s Run Dr.			21206 y or Town, State					
1	1 🕅 Buriel 2 🗆 Cremation 3 🗆 Removal from State 4 🗆 Donation 5 🗀 Other (Specify)	Holy Red	eemer	3/9/90	В	altimo	re,Md.					
13	21. SIGNATURE OF FUNERAL SERVICE LICENSEE PAUL L. F	artsock,Jr.		and address of FA		more,M 5305 H	ld. 21214 larford Rd.					
	23. PART I. Enter the diseases, or complications that cause	ed the death. Do not					t, Approximata					
	shock, or heart failure. List only one cause on a IMMEDIATE CAUSE (Final	aach line					Interval Between Onset and Death					
	disease or condition resulting in death)	of lugues	ccen	90								
	Later & Collection											
2	Sequentially list conditions, our reflect as Aconsistence or:											
RIFICALION	if any, leading to immediate cause. Enter UNDERLYING											
	CAUSE (Disease or Injury that Initiated evants reaulting in death) LAST DUE TO (OR AS A CONSEQUENCE OR)											
EH CEH	Ca Torono	acun	771	Juna (grafari	~						
	PART II. Other significant conditions contributing to death	but not resulting in t	he underly	ing cause given in	Part I. Jaa. WAS AN PERPOI		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO					
DICAL					/ 1Xves :	ON 🗆	OF DEATHY					
Ž	2				-		1)X YES 2 □ NO					
Ä	25. WAS CASE REFERRED TO MEDICAL		- 24	PLACE OF DEATH (C)	and and and							
2	EXAMINENT 1 YES 2 NO 1 Inpatient 2 ENOU		THER:		r (Uneck day) only							
PHYSICIAN: M	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, War)	28b. TIME O	F 20c. I	NJURY AT	284. DESCRIBE HOW	MUURY OCCUR	RED					
BY	Natural 5 Pending	mauni		YES 2 NO	AND DESCRIBE NOW INCOME.							
COMPLETED E		— At home, farm, street, factory, office			Ser. LOCATION (Street and Number of Rural Route Number, City or Town, State)							
3.6	29e. CERTIFIER (Chark only Control only Con											
	(Check only one) 2 MEDICAL EXAMINER: On the basic of examinetic											
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER Samuel C. H. Lee, M.D.	Jame H	1 W	29c. LICENSE NU	MBER 734	29d. DATE S	SIGNED (Month, Day, Your)					
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUL	EATH (ITEM 27) (Type Pri	10	A DUG.	60	1	10/10					
	7620 York Road		(70)				J					
	31. DATE FILED (Month, Day, Sellimore, MG 21204 MAR 08 1990 July Devider	ATURE										

\$4044 C H | 64 H D \$2 Joseph Hospie Bers | Britishover | Perio Year Ford | Birkelee | MD 22204

l			
exami	medicai	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exami-	IMPORTANT: If item 28 is
in in	1, or remova	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	be filed within 72 hours after of
e funera	led in by th	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera	TO THE FUNERAL DIRECTOR: A
death.	urs after	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE HOSPITAL OR ATTENDE
DAL	ш -	DIVISION OF VITAL RECORDS, P.O. BOA 13149, B	DIVISIO

BE COMPLETED BY PHYSICIAN: MEDICAL

2

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

31. DATE MAROW 87990

8 Pending Investigation

1 YES 2 NO

27. MANNER OF DEATH

1 Netural

2 Accident

3 Suicide

3		1 - FOR STATE REGISTRAR		STATE OF M	ARYLAN	ND / DEPAR					MENTAL HYGIE			
		Puth N Chugard									2. DATE OF OEATH MONTH MArch 6, 1990			3. TIME OF DEATH
		4. SOCIAL SECURITY NUME 217-07-5537	BER	8. SEN 1 M 2 1 F	6. AGE (In)	yrs. lest birthday) O YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 6/29/0	19	Country	PLACE (State or Foreign y) ryland
physician. burial-transit permit. Pages 1, 2, 3 should	TOR	Se. FACILITY NAME (# not in Cherrywood Residence of Dec	Manor	All and the state of	lome		1		rsto		ATH		Balt:	imore
iit. Pages 1	DIRECTOR	Maryland	10b. COUNT Ba1	timore Ci	.ty	10c. C	CY, TOWN O		re C	ity				10d. INSIDE CITY LIMITS? 1XXYES 2 NO
n. ansit perm	FUNERAL	100. STREET AND NUMBER		treet Wy	man l	House A	pts.	101	. ZIP CODI	: 1218		10g. CIT		S.A.
11	BY	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Dive		12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES	2 X NO	1	yes, sp		n, Mexica	IIC ORIGIN? (Specify Y n, Puerto Ricen, etc.) /:	be or No—	14. RACE Black Specif	- American Indian, k, White, atc. lly: White
	COMPLETED	15. DEC (Specify onl Elementary/Secondary (C 10 th Gra		CATION completed) College (1-4 or 5+)		8a. DECEDENT'S (Give kind of life. Do NOT u	work done o	luring mo		g	16b. KIND OF B	USINESS/IN	DUSTRY	
by the houd of be detach	BE CON	17. FATHER'S NAME (First, Middle, Leet) Michael F. Hauk 18. MOTHER'S NAME (First, Middle, Melden Surneme) Hannah H. Atkinson												
be retained ge 5 should e notified	TO B	196. INFORMANT'S NAME (Type/Print) Mr. James W. Shugars, Sr. 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code 416 Klee Mill Road Sykesville, Mary)								nd 21784				
e 6 may ector, pa must b		20s. METHOO OF OISPOSITION 1X Burial 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or who of the place) Woodlawn Cemetery 20c. Location - City or Woodlawn, company or who of the place of th												
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc.												
urs after d y filled in by the station, or removal. the medical ex		23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.										Approximate interval Between Onset and Death		
th certificate be executed within and completely fille if Hygiene prior to burial, cremation, or other traumatic event, the	ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST a. Corousy Outlary Si black DUE TO (OR AS A CONSEQUENCE OF):												

28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated.

28b. TIME OF

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)

28c. INJURY AT WORK?

1 YES 2 NO

26. PLACE OF DEATH (Check only one)

D 35082

OTHER:
4 | Nursing Home | 5 | Residence | 6 | Other (Specify)

M-D. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M. REGISTRAR'S SIGNATURE

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA

28e. DATE OF INJURY (Month, Day, Year)

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

3/7/90

24a, WAS AN AUTOPSY PERFORMED?

1 YES 2 NO

28d. OESCRIBE HOW INJURY OCCUREO

-

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BALTIMORE, MERYLAND 21203-3146

FOR STATE REGISTRAR

1 -

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 years after death. Page 6 min the remained of the hos TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director per control to detach be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First	, Middle, Last)								2, DATE OF	D.	AV	VEAD	3. TIME OF DEAT	ГН
	DAISY		SPEARMA	N				MARCH 02 1990			0	7:00 p.1	т. м		
	4. SOCIAL SECURITY NUME	5. SEX 6. AGE (In yrs. list bi				IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			7. DATE OF BIRTH (Month, Day, Year)			8. BIRTHPLACE (State or Foreign Country)			
1 1	215-16 770	3D	1 - M 2 7 JC	6	64 YRS, MONTHS DAYS HOURS			MIN.	10-2-25			GA.			
OR	9a. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL 9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE BALTIMORE														
ן בַּן	RESIDENCE OF DEC	10b. COUNT	γ		140	oc. CITY, TOW	OBTOCA	TION				-		10d. INSIDE CITY	,
DIRECTOR	MD	100.00011	•			BLAI	TIMO	RE		Y				CIMITS?	
FUNERAL	100. STREET AND NUMBER	RTH CI	AFSTER S	STRE	EET		10	212					USA	WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 3 2 3 10 Nicolary 1 Nicolary		12. WAS DECEDEN FORCES? 1	YES	200,000	1	If yes, sp	ecify Cubi	OF HISPAN an, Maxica Specify	NIC ORIGIN? in, Puerto Ric y:	(Specify Yearn, atc.)	s or No—	Blac	E — American Indi k, Whita, etc.	
입	15. DEC	EDENT'S EDL	JCATION completed)		16a. DECED	ENT'S USUAL	OCCUPATI	ON of work	ina	16b. K	IND OF BU	SINESS/INC	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	Collaga (1-4 or 5	+)	NA	sind of work do NOT use retired	t.)	at or work	n ng						
	17. FATHER'S NAME (First, A) NICK		PEARMAN						HER'S NA	ME (First, Mic	idle, Maiden	Surname)			
TO BE	Panali	Type/Print) RIFFI	N		19b.	5217 18 NG	G _{TH} F	rank CHB	ford	RAYTI	EFT	ten i	D.	21,306, 7	213
	20a. METHOD OF DISPOSIT			20b	b. PLACE OF	DISPOSITION	(Name of ce	metery, cre	matory or		20c. LC	CATION —	City or 1	own, Steta	
	② □ Burial 2 □ Cremation 4 □ Donation 5 □ Other		noval from Stata	_	BAL	TIMOR	E CI	EMET	ERY		BA	ALTI	MORI	E, MD	
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE			:	2. NAME A	ND ADDRI	ESS OF FA	CILITY					
	MM.C. MARCH F.H. 1101 E. NORTH AVE													$^{\prime}E$.	
	23. PART I. Enter the d shock, or h					. Do not an	tar tha me	oda of dy	ing, auc	h as cardia	c or reap	iratory en	rest,	Approxim	
1 1	shock, or haert fellure. List only one ceuse on sech lins. IMMEDIATE CAUSE (Final													Onset an	d Death
	disease or condition resulting in death)												30	hours	
	DUE TO (OR AS A CONSEQUENCE OF):													ales	
NO.	Sequentially list conditions, If eny, leading to immediate Dermatumy ositis Dermatumy ositis Dermatumy ositis													-	
S	cause. Enter UNDERLY	ING	C,												
E	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	resulting in death) LAST														
	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMILABLE PRIOR TO														
MEDICAL	CO													COMPLETION DF	
Ä	1 VES 2 NO OF DEATH? 1 YES 2 NO													NO	
	1 TYES 2 NO														
PHYSICIAN	25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:			OTH		LACE OF	OEATH (Ch	neck only one)					
YSI	1 TYES 2 NO		1 Inpatient 2			DOA 4 🗆	Nursing Ho		Residence	8 🗆 Other	7,				
	III 1 Netural 5 Panding										RIBE HOW	W INJURY OCCURED			
BY	2 Accident	Investigation	28e, PLACE	OF INJURY	Y — At home.				NO	26f. LOCAT	TION (Street	and Numbe	r or Rumi	Route Number	
ETED	3 Suicide 6 Could not be 4 Homicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, offica City or Town, Stete)														
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.														
ЕСС)			
TO BE	William & Souther ms > 3/2/90														
-	30. NAME AND ADDRESS O	F PERSON W	Office	SE OF OF	EATH (ITEM 2	BA	IT.	m	*	217	205				
	31. DATE FILEO (Month, Day,		32. REGISTR	AR'S SIGN	NATURE					·					
	MAR 08	3 1990	I O N	* A	#5 h # 27	7.0									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BALTIMORE, MARYLAND 21203-3146

CALINONE, MANIEMAN ZIZOZ-3140	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours all the many be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the second for use as the burial-transible filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove	traumatic event, the medical parameter must be notified at once.
DIVISION OF VITAL RECORDS, T.O. BOX 13149,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certifical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending phy be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical parameter make be notified at once.

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	O	F DEAT	ГН		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIENI REG. NO.	E					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	Y YE	3. TIME OF DEATH				
	GEORGE	ω.	SM	ARIC	MONTH 5	90	5 17/0 M				
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8, 6	BIRTHPLACE (State or Foreign				
	219-05-8355 9a. FACILITY NAME (If not institution, give st		/ 3 YRS.	THS DAYS HOURS MIN.	Jan. 29, 1	917 S	outh Carolina				
NO B	North Arundel Ho		30	Glen Burnie			ine Arundel				
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,	I so CITY TY	OWN OR LOCATION			10d, INSIDE CITY				
E	New York S			mityville			1 YES 2 NO				
	10e. STREET AND NUMBER	z y y o z ic		101. ZIP CODE		10a. CITIZEN	OF WHAT COUNTRY?				
FUNERAL DIRECTOR	5 Floral Dr.			11701			ISA				
S	11. MARITAL STATUS	12. WAS OECEOENT EVER I	N U.S. ARMED	13. WAS DECENDENT OF HISPA		or No 14.	RACE — American Indian, Black, White, etc.				
BY F	1 Naver Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 YES	ATES	If yes, specify Cuban, Mexico			Specify: Black				
		I ww			[- 1					
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during most of worlding	166. KIND OF BUS	SINESS/INDUST	RY				
2	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Probatio	in Officer	NV Citu	Canno	ectional Dept.				
S	17. FATNER'S NAME (First, Middle, Last)		172000000		ME (First, Middle, Malden		,00007,000				
	Martin Smarr			Lone	ey Worthy						
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Rural	Route Number, City or Town	n, State, Zip Cod	de)				
임	Mabel Smarr		5 Flor	al Dr., Amity	ville, NY	11701					
	20a. METNOD OF DISPOSITION 1 Durial 2 Cremation 3 XRem	coval from State		ON (Name of cemetery, cremetory or			or Town, Stata				
	4 Donation 5 Offer (Specify)		Calvertor	National Ceme							
)	21. SIGNATURE OF EMPERAL SERVICE LIC	ENSEE		22. NAME AND ADDRESS OF FA	ENBURG FUN	IERAL H	HOME. INC.				
	A Glense	1 tuba		6009 Harford	Rd., Balti	more,	MD 21214				
	disease or condition resulting in death)	Elist Dnly one cause on a	CURON	ARY INS	UFFICIEN	VCY	Interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST BUE TO (OR AS A CONSEQUENCE OF): A THERUSCLERUTIC CARDIOVASCULAR DISEASE OUE TO (OR AS A CONSEQUENCE OF): HYPER TENSION OUE TO (OR AS A CONSEQUENCE OF): DIABETES										
CALC	PART II. Other significant condition	a contributing to death I	but not resulting in t	he underlying cause given in	Part i. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE				
ğ	·				1 YES 2	NO	OF DEATH?				
PHYSICIAN: MEDI					—		1 TYES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL	T		26 PLACE OF OFATN (C	heck anty one)						
2	EXAMINER?	HOSPITAL:		26. PLACE OF OEATN (Check only one) OTHER: OTHER:							
¥	27. MANNER OF DEATN	26s. DATE OF INJURY	28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED								
	1 Natural 5 Pending investigation	(Month, Day, Year)	INJUR	M 1 YES 2 NO		. DESCRIBE NOW INSURT OCCUPED					
) BY	2 Accident investigation 3 Suicide 8 Could not be		Y — At home, farm, stre-	et, factory, office	28f. LOCATION (Street	reet and Number or Rural Route Number,					
I	4 Homicide determined building, etc. (Specify) City or Town, State)										
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as attated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.										
	29b. SIGNATURE AND TITLE OF CERTIFIE	R	**	29c. LICENSE NU	MBER	29d. DATE SI	IGNEO (Month, Day, Year)				
) BE	1. Nec	51 m/	3	033	757	8-5-	90				
은	30. NAME AND ADORESS OF PERSON WI	O COMPLETEO CAUSE OF O	EATN (ITEM 27) (Type, Pri	int)	· · · · · · · · · · · · · · · · · · ·						
	CHARLES A	, SEAGER	10	8 ASKEWTU	N RUND	501	ON 21146				
	31. DATE FILED (Mogth, Day, Year)	32. REGISTRAR'S SIG									

OHMH-16 Rev 1/89

IN THE MUSICIAL OF ALLENDING PRINCIPLY, THE INTERIOR DIST. D	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundal descript, page 5 should be detached the within 72 hours after death with the State Deut, of Health and Mental Mygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	tun.	mera
ionia entro	d in by the or removal.	medical e
-	ly fille ation,	the
	mplete crem	vent,
De morning	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur- the flied within 72 hours after death with the State Deot, of Health and Mental Hygiene prior to burlat, cremation, or removal.	raumatic e
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ופלוחופים	een sign	shows
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200	certif	0,
NG LUIS	fter this eath with	marked
2	DR: A	90
2	MRECTT.	em 21
AL C	AP D	=
TE MOSPIE	HE FUNER	DRTANT:
5	D 8	F

								90 06109
	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		TMENT OF H		MENTAL HYGI REG.		
	1. DECEDENT'S NAME (First, Middle, Last)	JOSEPH PET	This so	HIRE		2. DATE OF DEATH		O 0645 A M
	4. SOCIAL SECURITY NUMBER 223-09-6877	5. SEX 6. AGE (In)	MONTHS DAYS HOURS MIN.			7. DATE OF BIRTH (Month, Day, Yea Dec. 7,	ir)	BIRTHPLACE (State or Foreign Country) Virigina
<u>6</u>	90. FACILITY NAME (If not institution, give str	pet and number)						DALTO
DIRECTOR	PRESIDENCE OF DECEMENT 10a. STATE 10b. COUNTY 2002 B	alto.		Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 2002 Skyline R	d.		10	ZIP CODE 212	204		N OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 🖾 Widowed 4 Divorced	12. WAS OECEDENT EVER IN U FORCES? 1 ₺ YES IF YES, GIVE WAR OR DATI W • W •	2 NO	If yes, sp	ENDENT OF HISPAN ecify Cuben, Mexical 2 NO Specify	n, Puerto Rican, etc	y Yee or No- 14	Black, White, etc. Specify; White
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondery (0-12)						Business/indus	
BE COM	17. FATHER'S NAME (First, Middle, Last) Salem P. Sophire 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Maggie Korey							
2								ode)
	20e, METHOD OF DISPOSITION 1	val from State	other place)	SITION (Name of ce	2/7/00	, ,	cocation — ch	y or Town, State . Virginia
	21. SIGNATURE OF FUNERAL SERVICE LICE	Sur Sy.		22. NAME A	Towson F			k Rd. 21204
		omplications that caused to list only one cause on eec on	th line.	not enter the mo	de of dying, suc	h as cardiac or r	respiretory arres	Approximate Interval Between
CERTIFICATION	Sequenticity flat conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A C			iomb	erlin	D BE	- serve
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE O	F):				
PHYSICIAN: MEDICAL C	PERFORMED? 1 YES 2 NO						24b. WERE ALTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ZS. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:						eck only one)		
BY PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 280. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? 4 Nursing Home 5 Residence 8 Other (Specify) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED WORK?						RED
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif)	At home, farm,	street, factory, offic	te .	281. LOCATION (S City or Town,	treet end Number oi State)	r Rural Route Number,
COMPLETED	one)	CIAN: To the best of my knowled R: On the beels of examination						l. ceuse(e) end menner ee stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Kuma	· Ba	an in	29c. LICENSE NUI	MBER 250.	29d. DATE	SIGNED (Month, Day, Year)
E I	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Text	Defeat)				1 1

JOSEPH

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SHEW AMI

08 1990

HOSPITAL

Richmond , Virginia

1050 York Rd. 21204

Ruck Towson Funeral Home, Inc.

must be notified at once.

ž	9	X
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 nours after death. Pro-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in better the find within 72 hours after death with the State Dept of Health and Mental Hydiere prior to burial, cremation, or re-	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical management
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TE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE
SISTRAR	CERTIFICATE OF DEATH	REG. NO.
ENT'S NAME (First, Middle, Last)		2. DATE OF DEATH

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART				HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Tune				2. DATE OF MONTH	DEATH DAY	YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	BIRTN	8. BIRTHPL Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY, TOWN	OR LOCATION OF DI			INTY OF DEA	TH .
TOR	Deaton Hogital	+ Medical	Ctr	Balt	more		The	Him	ore City
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	non		Y.		Od. INSIDE CITY LIMITS? YES 2 NO
	100. STREET AND NUMBER				f. ZIP CODE		10g. CIT		AT COUNTRY?
FUNERAL	11, MARITAL STATUS	12. WAS DECEDENT EVER IN	St.	13. WAS DE	212	NC ORIGIN?	Specify Yea or No-	U.S.	- American Indian,
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES	2 NO	If yes, s	pecify Cuban, Maxica 3 2 PNO Specif	in, Puerto Ric		Black, \ Specify:	White, atc.
COMPLETED	16. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5 +)	18a. DECEDENT'S U (Give kind of wo	ork done during m		18b. K	IND OF BUSINESS/IN		
MPL	12 th	College (1-4 of 5+)	Labo	Yer		6	aving		10.
	17. FATHER'S NAME (First, Middle, Last) Sames	Tune			18. MOTHER'S NA	AME (First, Mid	Hughe	C	
TO BE	19a, INFORMANT'S NAME (Type/Print)	14116	19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number,	City or Town, State, Zi		
ř	Crystal 7	une	2900		erland	Ave.	Balton,		21214
- 3	20s. M5THOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State	PLACE OF DISPOSI other place)	0	metery, crematory or	00	Owing		
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	200.11 1301		ND ADDRESS OF FA		10 10 11105	2 1111	
	+ Glady (Cano		Wm.	C. mar	ch 8/	H 1101	E. N	orth Ave.
	23. PART I. Enter the diseases, or contained to the series of condition resulting in death)	let only one cause on e	ech fine.	ane	u Mem		c or respiratory si	rest,	Approximate Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	Sison	der				YRS
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	:					
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions		out not resulting in	the underlyle	ng cause given in	- W	4a. WAS AN AUTOPSY PERFORMEO?	8	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Z.									
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATN (C				
НХ	27. MANNER OF DEATH	1 Inpetient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN	JURY AT ORK?	_	Specify) RIBE HOW INJURY OF	DOURED	
ВУР	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO				
1 280, PLAGE OF INJUNY — At nome, farm, street, factory, office 1 281, LOCATION (Street and Number of Rural							or Aural Ro	ute Number,	
COMPLETED	anal	CIAN: To the best of my know R: On the basis of examination							and manner as stated.
8	and title of certifier	ncefm	med	DIK	29c. LICENSE NU	MBER (62	≥ 29d. 0A	- / / /	Month, Day, Year)
5	HILL MUN CU	COMPLETED CAUSE OF DE	607	Print) 5.	Chen	les	5t, B	alte	21230
	31. DATE FILEN (AR) 00 8 1990	grand bearing	and friends	ŧ.					

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ctor, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Par 6 may be retained by the hospital or attending physician. SALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

must be notified at once.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in men	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or reference	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the meditors

	REGISTRAN			CENTIL	ICATE	. 01	DEA	111	HEG. I	Ų.		
ŀ	1. DECEOENT'S NAME (First, Middle, Last)								2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATH
	Earl G. Te	erry							March 4.	1990		6:00 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In	yrs. last birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH		8. BIRT Count	HPLACE (State or Foreign
	215 01 4529	1 💢 M 2 🗌 F	73	YRS.	MONTHS	DAY8	HOURS	MIN.	4/17/16		Ma	ryland
	9a. FACILITY NAME (If not institution, give	street end number)			9b. CITY,	TOWN	OR LOCATIO	ON OF DE	EATH	9c. CO	UNTY OF I	DEATH
٤	512 Windwood F	coad			An	mes	lie			Ral	to (County
:	RESIDENCE OF DECEDENT	loud			2311	irics	110			Dat		Country
ا يُ	10e. STATE 10b. COUNT	Υ		10c. CF	TY, TOWN O	R LOCA	TION					10d. INSIDE CITY LIMITS?
5	Maryland Bal	timore Cou	ıntv		Annes	slie	2					1 TYES 2XXNO
	10e. STREET AND NUMBER					-	f. ZIP CODE	E		10g. CI	TIZEN OF	WHAT COUNTRY?
1	512 Windwood R	oad					21	212			11.5	S.A.
	11. MARITAL STATUS	12. WAS DECEOENT	EVER IN	U.S. ARMED	13. V	MAS DEC			NIC ORIGIN? (Specify	Yea or No-		CE — American Indien,
	1 Never Merried 2 Married	FORCES? 1	YES	2 NO	10	t yes, sp	oecify Cuba 3 2 NO	n, Mexica Specifi	in, Puerto Rican, etc.)		Spec	
5	3 Widowed 4 Divorced	WW			- 1 '		a LA	apacin	y.		Wh	iite
3	15. DECEDENT'S EO (Specify only highest grad	JCATION		16a, OECEDENT'S	USUAL OC	CUPATI	ON		16b. KIND OF	BUSINESS/IF	NDUSTRY	
4	Elementary/Secondary (0-12)	College (1-4 or 5 +	,	(Give kind of life. Do NOT u	ise retired.)	uring m	DSE OF WORKE	ıy				
		2 years		Auditor	of S	tat	e Ins	sura	nce Mary	land	Insu	rance Div.
5	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, Mail			
2	John Henry Ter	rv						Et	hel Marie	Care	3.7	
5	19a. INFORMANT'S NAME (Type/Print)	/-		19b, MAILIN	G ADDRESS	(Street	and Number		Route Number, City or			
2	Helen V. Terry	,		512	Windw	bood	Road	1.	Baltimore	Mar	vl an	d 21212
- 1			20b.	PLACE OF DISPO						LOCATION -		
	20a, METHOD OF DISPOSITION 1 X Burial 2 Cremetion 3 Rei 4 Donetion 5 Other (Specify)	noval trom State		iont/own								Maryland
	21. SIGNATURE OF FUNERAL SERVICE L	ICFNSFF	- [011	TOHÇOWH	22 1	NAME A	NO ACCRE	SS OF FA	I y UI	TOUL	WII, I	Maryland
	V 0		/									neral Home
	Jum De	nace t	Ten	22	36	31	Falls	s Ro	ad, Balti	more,	Mar	yland 21211
ş ²	23. PART I. Enter the diseases, or	complications that	ceused	the death. Do	not enter	the me	oda of dy	Ing, suc	ch as cerdlec or re	epiratory a	irreet,	Approximete
_	shock, or heart fellure IMMEDIATE CAUSE (Final	List only one cau	se on ee	ch line.		7	1					Interval Between Onset and Death
	disesse or condition	(')	01	dea	- 1	es	ho	زيرر	acy Fo	eole.	125	Suddan
ļ	resulting in deeth)	e	(OR AS A	CONSEQUENCE	DF):	1	gen a	10	1,			
.	_	. 60	P	2	11/1	17	h &	75	Thma			5-46
5	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A	CONSEQUENCE	OF):							
ξ	ceuse. Enter UNDERLYING											
	CAUSE (Disease or Injury that Initiated events	OUE TO	(OR AS A	CONSEQUENCE	OF):							
	resulting in death) LAST											
5		0.										
4	PART II. Other significant condition	ne contributing to	death bu	it not resulting	In the un	deriyir	ng cause	given in		AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
3										21/10		COMPLETION OF CAUSE OF GEATH?
												1 YES 2 NO
2											- 1	
SICIAN	25. WAS CASE REFERBED TO MEDICAL					26. P	LACE OF C	EATH (C	neck only one)			
3	EXAMINER?	HOSPITAL:	ER/Outpa	Itlent 3 DOA	OTHER		me 5 Les	esidence	6 Other (Specify)			
	27. MANNER OF/DEATH	26e. OATE OF	INJURY	28b. TI	ME OF	28c. IN	JURY AT		28d. DESCRIBE HO	W INJURY O	CCURED	
	1 Natural 5 Pending	(Month, D	ay, Year)	11	M		YES 2	NO:				
0	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE O	F INJURY	— At home, farm	street, fact	ory, offi	ce		28t, LOCATION (Str	et and Numb	ber or Rural	l Floute Number,
3	4 Homicide 6 Could not be determined		etc. (Speci						City or Town, S			
	29e, CERTIFIER											
	(Check only											
5	2 MEDICAL EXAMI	IER: On the beels of s	xemination	end/or investigat	lon, In my o	pinion,	death occu	red et the	time, date end place	end due to	the ceuse	(e) end menner es stated.
ا 1	296. BIOMATHEE AND TITLE OF CONTIFE	ER (/			1	290-LIC	ENSE NU	MBER	29d. D	ATE SIGNE	D (Month, Day, Year)
١	cenush;	1 Ast	Du	4001	111	1	0	-09	7383	1/1	Bre	65,1990
ا ٢	30. NAME, AND ADDRESS OF PERSON W	HO COMPLETED CAUS	SE OF DEA	ATH (ITEM 27) (Typ.	e, Print)					2 1	Ner C)
	(da) rlaci	-011)	MA	101	Inni	1) -	75	01	TOM	30/	Tois	usama
	31. DATE FILED (Month, Day, Max)	22. REMISTRA	R'S SIG	QUBIT .	1116		<u> </u>		/	,	7	1204
	31. DATE FILED (MONITO 08 1990	gour vains	MOL-IN	- ibia	-							/

once.

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 from a from a may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by in the section, page 5 should be	_	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at
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10	10	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removed	를
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	1 - FOR STATE REGISTRAR	TATE OF MARYL			OF HEALTH AND I	MENTAL HYGIE REG. N		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH
	SARAH	E.		UMS'	TOT	March	1, 1990	9:25 A M
	4. SOCIAL SECURITY NUMBER 5. S	SEX 6. AGE	(In yrs. last birthda			7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
- 1	233-44-5208	□ M 2 💢 F 6°	YRS	MONTHS	HOURS MIN.	9, 3, 1	928	BIRTHPLACE (State or Foreign Country). W . Va .
	9a. FACILITY NAME (If not institution, give street e	and number)		96. CITY, TO	OWN OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
H	Memorial Hospital			Cumb	erland		Alleg	anv
5	RESIDENCE OF DECEDENT							
DIRECTOR	10a, STATE 10b, COUNTY	3	17.7	TY, TOWN OR				10d. INSIDE CITY LIMITS?
	W.Va. Minera	11	ř	eyser				1 TES 2 NO
1AI	10e. STREET AND NUMBER				101. ZIP CODE			OF WHAT COUNTRY?
Ä	Rt 2 Box 61				2672		U.S	
FUNERAL	1 Name Married 2 N Married	WAS DECEDENT EVER FORCES? 1 YES	2 NO	It y	S DECENDENT OF HISPAT es, specify_Cuban, Mexica	n, Puerlo Rican, etc.)	fes or No- 14.	RACE — American Indian, Black, White, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES	1 [YES 2 NO Specif	y:		White
	15. DECEDENT'S EDUCATIO	ON	16a DECEDENT	r'S USUAL OCC	JPATION	165 KIND OF F	USINESS/INDUS	
I	(Specify only highest grade comp	pleted)	(Give kind life. Do NO	of work done dur use retired.)	ing most of working			Board of
PLE	Elementery/Secondary (0-12) Co	ollegs (1-4 or 5+)	Coc	k			ucatio	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maid		-
	Les Pa	ncake				ddie Di		r
BE	19s. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS (S	Street and Number or Rural			
5	Keith Umstot		Rt	2 Bo	x 61 Keys	er. W.V	a. 267	26
	20a. METHOD OF DISPOSITION 2 Burlel 2 Cremetion 3 Removal	20	b. PLACE OF DISI		of cemetery, crematory or		LOCATION — City	
	1/ Burlel 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	from State	other place)	Biser	Cemetery	r K	evser.	W.Va.
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE .					0.5	S. Main St.
	· (101, 7.	11	1	R				
	ereren m	· 1 opri	(4)			ser, W.V.		
Á	23. PART I. Enter the diseases, or company shock, or heert fallure. Liat			o not enter tr	ie mode or dying, aud	en es cardiec or rei	spiratory arrest	Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	Randia	Les	m 201	Agril 1	LASONA	1	Onset and Death
	reaulting in death)	Cloro Collin	<u> </u>	A	7	1000		
		1/	A CONSEQUENCE	V				
CERTIFICATION	Sequentielly list conditions,		A CONSECULENCE		0 00	1		
ATI	If any, leading to immediate cause. Enter UNDERLYING	() TX	1~	ع	Small (Cell 10	rowar	redi \
FIC	CAUSE (Diseese or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):	UI.C			
F	reaulting in death) LAST							ļ i
CE								
AL	PART II. Other significant conditions co	ontributing to death	but not reaultin	ng in the und	erlying cause given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DIC	l					1 YES	2X NO	OF DEATH?
ME								1 TES 2 NO
PHYSICIAN: MEDICAL								1
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		OTHER:	26. PLACE OF DEATH (C	heck only one)		
YSI	1 YES 2 NO 1	Inpatient 2 ER/Ou	tpatient 3 🗆 DO		g Home 5 🗆 Residence	8 Other (Specify)		
H	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b.	TIME OF 2	Bc. INJURY AT WORK?	28d. DEŞCRIBE HO	W INJURY OCCUP	RED
В	1 Natural 5 Pending 2 Accident Investigation			М	1 YES 2 NO			
	3 Suicide 6 Could not be	28e. PLACE OF INJUF building, stc. (Sp	IY — At home, ter ecify)	m, street, factor	y, office	28t. LOCATION (Stre City or Town, Str		Rural Route Number,
ETE	4 Homicide datarmined			- 19 - 79				
PL	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN	: To the best of my kno	wiedge, death occ	turred at the tim	e, dats and place, and du	s to the cause(s) and i	manner as stated.	
COMPLETED	onel	n the beele of examinati	on and/or investig	etion, in my opi	nion, death occured at the	time, data and place,	and dus to the c	suse(s) and menner as stated.
ш	29b. SIGNATURE AND TITLE OF CERRIFIER	000			29c. LICENSE NU	MBER		IGNED (Month, Day, Year)
00		2 1/1					▶ Ma	arch 5,1990
2	30. NAME AND ADDRESS OF PERSON WHO CO				****			
	Dr. Zaman Memorial	Hospital	Modical	Boot 1d	ing Cumber	land MD	21502	

32. REGISTRAR'S SIGNATURE

A STATE OF THE STA

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ed at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be unlawed by the hospital or attending physician and completely filled in by the funeral direction. The FUNERAL DIRECTION After this certificate has been signed by the attending physician and completely filled in by the funeral direction. The funeral direction, after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mu

	1 - STATE REGISTRAR	OINIE OF MINITER	CERTIF					MENIA	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Malcolm H	Wood	7					2. DATE	OF DEATH	YE YE	3. 1	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		Jr.	IF UNDER	1 VEAR	IF UNDER			ch 8 19		BIRTHPLA	7:15am M
9	214-01-4884	1 🗽 M 2 🗆 F	80 YRS.	MONTHS	DAY8	HOURS	MIN.	Oct	th, Day, Year) 3 100	09	Mas	
	9a. FACILITY NAME (If not institution, give str	reet and number)					ON OF OE			9c. COUNTY		
NO N	1402 Burke Road			I	30wl	.eys	Quar	ters	3	BA	ltim	ore
딦	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN O	R LOCAT	ION					10d	. INSIDE CITY
DIRECTOR	Md. BA	Altimore			Bow.	Leys	Qua	rter	S		1 [LIMITS? YES 2 XNO
FUNERAL	1402 Burke Road	3			101.	ZIP COD	E 2122()		10g. CITIZEN	OF WHAT	COUNTRY?
<u>S</u>	11. MARITAL STATUS	12. WAS DECEDENT EVER IN							N? (Specity Yee	or No- 14.	RACE — /	American Indian,
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES				2 NO			Rican, etc.)			White
	15. DECEDENT'S EDUC (Specify only highest grade		18e. DECEDENT'S (Give kind of	work done d	CUPATIO	N st of workli	ng	16	b. KIND OF BUS	INESS/INDUST	RY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Sheet		al							
No	17. FATHER'S NAME (First, Middle, Last)							- 4	Middle, Maiden S			
ш	Malcolm Henry V	V000d					Alic	e E.	Almed	er		
P	190. INFORMANT'S NAME (Type/Print) Kathleen Wood								nber, City or Town			220
7	20e. METHOO OF DISPOSITION	20h	PLACE OF DISPO					T (- T)		CATION — City		
	1 🔀 Burial 2 🗆 Cremation 3 🗆 Remo		Holly H									Aryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	11.1	22. 1	NAME AN	D ADDRE	SS OF FAC	CILITY				
5	Connelly 1	-unusal 1	lone	/ Cc	onne	11y	Fune:	ral	Home 3	00MAce	Ave.	21221
	23. PART i. Enter the diseases or c shock, or heart failure. I	omplications that caused List only one cause on as		not entar	tha mo	da of dy	ing, suci	h as ca	rdiac or respi	ratory srrest	,	Approximate interval Batween
	IMMEDIATE CAUSE (Final disease or condition	A		CO		4 🙃						Onset and Death
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE O	F):	101	NO	VV(A					
Z	Sequantially list conditions,	b										
ATIC	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	F):								
FIC	CAUSE (Disease or injury that initiated evanta	CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF):										
		DUE TO (OR AS A	CONSEQUENCE C	F):								
H	resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	PF):								
L CERTIFICATION		d			dariyin	g cause	given in	Part I.	24s. WAS AN		24b. WE	RE AUTOPSY FINDINGS
CAL	resulting in death) LAST	d			dariyin	g cause	given in	Part I.	24a. WAS AN PERFOR	MED?	AM	MILABLE PRIOR TO MPLETION OF CAUSE
CAL	resulting in death) LAST	d			darlyln	g cause	given in	Part I.	PERFOR	MED?	AMI CO OF	ULABLE PRIOR TO
CAL	PART II. Other significant condition	d			dariyin	g cause	given in	Part I.	PERFOR	MED?	AMI CO OF	ULABLE PRIOR TO MPLETION OF CAUSE DEATH?
CAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	d. s contributing to death but the second of	ut not reaulting	in tha un	26. PI	ACE OF I	DEATH (Ch	eck only	PERFOR 1 YES 2	MED?	AMI CO OF	ULABLE PRIOR TO MPLETION OF CAUSE DEATH?
CAL	PART II. Other significant condition	d	ut not reaulting	OTHEF	26. PI R: sing Hom 26c. INJ	ACE OF I	DEATH (Ch	eck only (PERFOR	MED?	AW CO OF 1	ULABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	ds contributing to death but so the second of the se	ut not reaulting	OTHER	26. PI R: sing Hom 26c. INJ	ACE OF I	DEATH (Chi	eck only (PERFOR 1 YES 2 Done)	MED?	AW CO OF 1	ULABLE PRIOR TO MPLETION OF CAUSE DEATH?
BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	d	ut not reaulting	OTHER	26. PI R: sing Hom 26c. INJ WC	ACE OF I	DEATH (Chi	8 Ott	PERFOR 1 YES 2 Done)	MED?	AM CO OF	NLABLE PRIOR TO MPLETION OF CAUSE DEATH?
BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 ER/Outpi 28e. DATE DF INJURY (Month, Day, Year)	etient 3 DOA 26b. Till iN At home, farm,	OTHEF 4 Num ME OF JURY M	26. PL R: sing Hom 26c. INJ WC 1'	LACE OF I	DEATH (Chi	8 Ott 28d. Di	PERFOR 1 YES 2 Ther (Specify) ESCRIBE HOW III POCATION (Street ey or Town, State)	MED? NO NO NJURY OCCUR	AM CO OF	NLABLE PRIOR TO MPLETION OF CAUSE DEATH?
BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 4 Homicide determined 29c. CERTIFIER (Check only One) 2 MEDICAL EXAMINE	HOSPITAL: 1 Inpetient 2 ER/Outpet 28e. DATE DF INJURY (Month, Day, Year) 26e. PLACE OF INJURY building, etc. (Spec	etient 3 DOA 28b. Til At home, farm,	OTHEF 4 Num ME OF JURY M atreet, fact	26. PI R: sing Hom 26c. INJ WC 1 — sory, office	LACE OF I	DEATH (Chiesidence NO	sck only of S Ott 28d. Di	PERFOR 1 YES 2 Description of the control of the	MED? NO NJURY OCCUR	AMICO OF 1 [ULABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 4 Homicide determined 29c. CERTIFIER (Check only One) 2 MEDICAL EXAMINE	HOSPITAL: 1 Inpetient 2 ER/Outpet 28e. DATE DF INJURY (Month, Day, Year) 26e. PLACE OF INJURY building, etc. (Spec	etient 3 DOA 28b. Til At home, farm,	OTHEF 4 Num ME OF JURY M atreet, fact	26. PI R: sing Hom 26c. INJ WC 1 — sory, office	LACE OF I	DEATH (Chiesidence NO	sck only of S Ott 28d. Di	PERFOR 1 YES 2 Description of the control of the	MED? NO NJURY OCCUR and Number or i	AM CO OF 1 [I]	ULABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 4 Homicide determined 29c. CERTIFIER (Check only One) 2 MEDICAL EXAMINE	HOSPITAL: 1 Inpetient 2 ER/Outpet 28e. DATE DF INJURY (Month, Day, Year) 26e. PLACE OF INJURY building, etc. (Spec	etient 3 DOA 28b. Til At home, farm,	OTHEF 4 Num ME OF JURY M atreet, fact	26. PI R: sing Hom 26c. INJ WC 1 — sory, office	LACE OF I	DEATH (Chiesidence NO	sck only of S Ott 28d. Di	PERFOR 1 YES 2 Description of the control of the	MED? NO NJURY OCCUR and Number or i	AM CO OF 1 [I]	NLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number,
E COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	HOSPITAL: 1 Inpetient 2 ER/Outpet 28e. DATE DF INJURY (Month, Day, Year) 26e. PLACE OF INJURY building, etc. (Spec	etient 3 DOA 28b. Til At home, farm,	OTHEF 4 Num ME OF JURY M atreet, fact	26. PI R: sing Hom 26c. INJ WC 1 — sory, office	LACE OF I	DEATH (Chiesidence NO	sck only of S Ott 28d. Di	PERFOR 1 YES 2 Description of the control of the	MED? NO NJURY OCCUR and Number or i	AM CO OF 1 [I]	NLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number,

MAR 0 8 1990

32. gegistrar's signature Gulie Davidson-Randale

Q	1 Carrentania).	
DODY	to go to George town RR II A GREEN CARD Ating	1 16114
1 (7EX	El Dirichmas	1 00114
FOR 4 STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN	

130		14	- N	ww	KS	1	mas >	10 W	
FOR 1 STATE	STATE OF I		DEPART				MENTAL HYGIEN		
REGISTRAR		CI	ERTIFIC	CATE C	F DEAT	H /	REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)			TAT	ells			2. DATE OF DEATH Feb 18	1990 AN	3. TIME OF DEATH
Robert	Georg								
	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEA	-	24 HRS.	?. DATE OF BIRTH (Month, Day, Year) Dec. 27. 1	Cour	HPLACE (State or Foreign htry),
213-12-4125	1 M 2 F	80	YAS.					1909 We	Uneton
9a. FACILITY NAME (If not institution, give s				96. CITY, TOW	N OR LOCATIO	N OF D	EATH	9c. COUNTY OF	DEATH O
Physicians Mer	orial I	lospita	1	LaP]	Lata			Char1	es
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	(10c CITY	TOWN OR LO	CATION				10d. INSIDE CITY
Physicians Men RESIDENCE OF DECEDENT 100. STATE 100. STATE 100. STREET AND NUMBER ROUTE 2 Magnolia 11. MARITAL STATUS	arles		LaP1						LIMITS?
Maryland K Ch	lattes		Lari	lata	101, ZIP CODE			40 - 01717711 05	1 X YES 2 ☐ NO WHAT COUNTRY?
B 4 2 W14	Davis								WHAI COUNTRY?
Route 2 Magnolia	12. WAS DECEDEN	T EVEN IN ILE AS	*****		20646			USA	
1 Never Married 2 X Married	FORCES? 1	YES 2 XI	NO	If yes	, apocify Cubar	n, Maxico	NIC ORIGIN? (Specify Years), Puerto Rican, atc.)	or No — 14, FIAC	CE — American Indian, ck, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE V	AR OR DATES		10	YES 2 X NO	Specif	ty:	Spe	White
	CATION	16a, DE	CEDENT'S U	SUAL OCCUP	ATION		16b. KIND OF BUS	INESS/INDUSTRY	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	completed) College (1-4 or 5	(G	live kind of wo	rk done during	most of working	9			
0 - 48 0	College (1-4 of 5	" [local.	101a			Somi	Sew	. U Con.
17. FATHER'S NAME (First, Middle, Last)			1 00/2		18. MOTH	ER'S NA	AME (First, Middle, Mailen		30, 34 V.
	11/01/	_			_	1.1	. 0	n eo r	
	- VO CO	19	b. MAILING A	DDRESS (Stre	et and Number	or Rural	Route Number, City or Town		
198. INFORMANT'S NAME (NYDWPHINI)	Local	. (D. A. 1	Ray			aus Rove	1 47	20111
20a. METHOD OF DISPOSITION	Mischer	20b. PLACE	OF DISPOSIT	TION (Name of	cemetary, crem			CATION — City or 1	LOG 6
1 Duriel 2 Cremation 3 Rem	oval from State	other pi	face)		al Sch			ington,	
21. SIGNATURE OF FUNERAL SERVICE LI	ENSEE	- Jucurg	CCOWII	-	E AND ADDRES			.16.0,	5.0.
1 1	1						n Funeral H		
V-y/A-							e RD S.E.		DC 20020
23. PART I. Enter the diseases, or shock, or heart fellure.	complications the List only one car	t caused the de	eath. Do no	t enter the	mode of dyi	ng, suc	ch as cardiac or respi	ratory arrest.	Approximete Interval Between
IMMEDIATE CAUSE (Finel	0		()	N	1		0		Onset and Death
disease or condition resulting in death)	. Acl	vain	end	o bi	2 PM	lr	rocku	non	1-
	DUE TO	(OR AS A CONSE	QUENCE OF):						
Sequentielly list conditions,		em	nn	~ .	11				
If any, leading to immediate	Out 10	(OR AS A CONSE	DUENCE OF			-	1) '	0.4	
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDEFLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	E DUE TO	shir	QUENCE OF):	wit	N 89	500	titure	~1-	/
that initiated events resulting in death) LAST	000	tou de y course	GOENGE OF)	12	A		NNN	\	
	d		-		9 1		the I	-	
PART II. Other significant condition	s contributing to	death but not	resulting in	the under	ying cause g	iven in			
							1 TYES 2	ON CHARLE	COMPLETION OF CAUSE
				1			40	(H)(770	OF DEATHY
				0		4-4-	- C. De 1		The tree of the tree
25. WAS CASE REPERRED TO MEDICAL. EXAMINERY 1 1 YES TO NO				21	L PLACE OF DI	EATH (C)	heck only one:	3	
EXAMINERY	HOSPITAL:	1 89/Outpatters 1	I DOM	OTHER:			womin to Allinania		
27. MANNER OF DEATH	28s. DATE OF		286. TIME	_	INJURY AT	aldence	8 Cl Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURED	
	(Month, 2		INJU	RY	WORK?	NO	Same Sank Nices (News)		
2 Absident Investigation	28s. PLACE C	F INJURY — At he	oma, farm, etc				201, LOCATION (Street	and Number or Rure	/ Route Numbec
4 Homicide determined	building,	etc. (Specify)					Oity or Town, State)		
J 29a. CERTIFIER CX CERTIFYING PHYS	CIAN: To the house	l mu be	andh con		445 - 1 1		www.com		
(Check only one)							s to the cause(s) and man		(a) and manner are state (
B L		A STREET	vestigation,	, at my opinio					(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	1	VIX	11/		29c. LICE	NSE NU	MBER C	29d, DATE SIGNE	D (Month, Pey, Year)
X 10 1	400	7	7	1	11)	2	0629	1	14170
30. NAME AND ADDRESS OF PERSON W	C COMPLETED ON	SE OF DEATH (ITE	III (IVpe, F	TIME	M.)	1	1 P. Dr	1 20	MORSK

Dec. 27. 1909

LaPlata _arles

USA 20646 dagnolia Drive

X White

Washington, D.C. Georgetown Medical School

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1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CER	IFICALE	OF DEATH	RE	G. NO.	100		
)	1. DECEDENT'S NAME (First, Middle, Lest) LEYOY WHITE J	r.			2. DATE OF DE MONTH	05	JENS	7:50 PM	
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 D F	6. AGE (In yrs. last birth	RS. MONTHS	DAYS HOURS MIN.	7. DATE OF BI (Month, Day,	3-40	Country)	CE (State or Foreign	
TOR	RESIDENCE OF DECEDENT		BA	OWN OR LOCATION OF D	EATH		L O		
DIRECTOR	10a. STATE 10b. COUNTY N/A	19	Bætte	LOCATION				LIMITS?	
FUNERAL	1822 W BAHMORE		2	101. ZIP CODE	23	10g. CITIZ	S. A	COUNTRY?	
B≼	11. MARITAL STATUS 1 Never Merried 2 Married 2 Mildowed 4 Divorced 12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	TEVER IN U.S. ARMEO YES 22 NO AR OR DATES	14.5	S DECENDENT OF HISPA res, specify Cuban, Maxic. YES 2XXNO Speci	an, Puarto Rican,	etc.)	Specify:	American Indian, nita, etc.	
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDE	ENT'S USUAL OCC	UPATION ing most of working	16b. KIND	OF BUSINESS/IND	USTRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +) Iffe. Do I	BORER	ing most of working	CO	AL PIER			
BE CO	17. FATHER'S NAME (First, Middle, Last) LEROY WHITE SR.				AME (First, Middle, LICE DU	Melden Surname) KES			
10 B	19a. INFORMANT'S NAME (Type/Print)	19b. MA	ILING ADDRESS (Street and Number or Rural	Route Number, Ch	ty or Town, State, Zip	Code)		
۲	LEROY WHITE SR.		1822 WES	ST BALTIMOR	E STREE	T (21223)		
	20a. METHOD OF DISPOSITION XIX Burlel 2 Cremetion 3 Removal from State 4 Donation 8 Other (Specify)	other place)		of cemetery, crematory or IAL PARK		20c. LOCATION — C BALTIMOR			
	21. SIGNATURE OF FUNERAL GERVICE LICENSEE	r. Om	(4.00000	OWN/THOMPSO		P.O. BO	x 443	3 (21223)	
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory erreat, abook, or haert fellure. List only one cause on asch line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (or As A consequence of):								
MEDICAL	Servin des des . Performed? 1 yes 2 No OF							RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)				
Sic	EXAMINER? 1 YES 2 NO 1 Inpetient 2	ER/Outpatient 3 🗆 C	OTHER:	ng Home 5 🗆 Residence	8 Other (Spe	ocify)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		b. TIME OF 12	8c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIB	E HOW INJURY OCC	CUREO	15.0	
	3 Suicide 6 Could not be 4 Homicide determined	y, office	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)			Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of examiner: On the best of examiner:							d manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER			D 26	256	29d. DAT	3/6/	onth, Day, Year)	
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE BICH DUONG, MD	1940	W, Ba	timize.	st , 1.	Balto	Md	21213	
	31. DATE FILED (MOOTE DOWN 1990) 32. REGISTRA	Day SIGNATURE PON	delle						

es (2)

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X, 1-.

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detached for use as the burial-transit permit. Pages 1, 2, 3 should by the hospital or attending physician.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H			G. NO.			
}	1. DECEDENT'S NAME (First, Middle, Last LUCIAN P.	WETHERBY				2. DATE OF DI MONTH MARCH	DAY	YEAR 1990	3. TIME OF DEATH A	
	4. SOCIAL SECURITY NUMBER 234-40-8706	1 □ M 2 □ F 6	(In yrs. last birthday) 3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day, DEC . 3	PITN Year) 1,1926	Cou	THPLACE (State or Foreign intry) Jest Va.	
TOR	90. FACILITY NAME (If not institution, given 17060 KING JAM) RESIDENCE OF DECEMENT	ES WAY			ERSBURG	ATN	9c. CC	MON.	TGOMERY	
DIRECTOR	10a. STATE 10b. COU			y, town on Loca aithers					10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 17060 KING JAN	MES WAY		10	ZIP CODE 2087	77		USA	F WHAT COUNTRY?	
B⊀	11. MARITAL STATUS 1 Naver Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 Tyes GIVE WAR OR D	2 NO	If yes, ap	ecity Cuben, Mexice 2 NO Specify	n, Puerto Ricen,		Bio	ACE — American Indian, ack, White, atc.	
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 1 2		16e. DECEDENT'S (Give kind of the Do NOT to Mainter	USUAL OCCUPATI work done during me ee retired.)	ON st of working	16b. KIND	of Business/	NOUSTRY	,	
BE COM	17. FATNER'S NAME (First, Middle, Last)	HERBY		-	18. MOTHER'S NA ANN	ME (First, Middle BOYD				
TO B	196. INFORMANT'S NAME (Type/Print) MARY WETHERBY			SAME.	AS # 10	Route Number, Ci				
	20a. METHOD OF DISPOSITION 1 Burlal 2 D Cremation 3 R 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	amoval from Stata	METROPO	LITAN CR	MATORY ADDRESS OF FA	CILITY	ALEXANI			
	Mirie	V/Ba	rh.	MURI	EL H. BAR	BER FUN	D TAY	TONST	VILLE, MD. 2088	
	23. PART L'Enter the disease, shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. SHUCH	ech lina.		oa or dying, auc	n au cardiac	or reapiratory	arrest,	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
BY PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions	tiona contributing to death i	but not resulting	in the underlying	g cause given in		WAS AN AUTOPS PERFORMED? YES 2 PNO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)				
IYSI	1 YES 2 NO	1 Inpatient 2 ER/Out	1117-1		ne 5 Pasidence					
F	1 Natural 5 Pending	28a, DATE DF INJURY (Month, Day, Year)	26b. Til	JURY W	JURY AT DRK? YES 2 NO	28d. OEŞCRIE	BE NOW INJURY	OCCURED	,	
	2 Accident Investigation 3 Suicide 8 Could not 4 Nomicide detarmined	be 28e. PLACE OF INJUR's building, atc. (Spe	Y — At home, farm,	street, factory, offi	a	281, LOCATION City or Tox	N (Street and Num wn, State)	nber or Rur	rel Route Number,	
COMPLETED	one)	IYSICIAN: To the best of my know							se(s) and menner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFICATION OF CERTIFICATIO	a Skhu	V		29c. LICENSE NU D-17368				NED (Month, Day, Year) 5-96	
	Dr. Stanley A. So	chwartz 5454	Wiscons		Chevy (Chase,	Md. 20)815		
	MAR 08 1990	32. REGISTRAR'S SIG	hande							

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

233-16-5104

Charles M. Watson

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~	9a. FACILITY NAME (II		reet and number)				OR LOCATION OF DI	EATH		TY OF DEAT	
ē	740 STD	Avenue			1	Lansdo	owne		Balt	imore	
DIRECTOR	10a. STATE		timore		10c. CITY, TOI	www on Local Lansdo	NTION DWNE				d. INSIDE CITY LIMITS?
FUNERAL	746 5th	Avenue				1	21227		10g. CITI		T COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 3 Wildowed 4		12. WAS DECEDENT EVER FORCES? 1 YES	2 NO		If yes, s	CENDENT OF HISPAI pecify Cuban, Maxica S 2 NO Spect	n, Puarto Rican, at		14. RACE — Black, W Specify: Wn 1	American Indian, rhite, atc.
LETED	(Specification)	S. DECEDENT'S EDU- ity only highest grade dary (8-12)	CATION completed) College (1-4 or 5+)	(Give		tone during m red.)	ION nost of working	16b. KIND 0	F BUSINESS/IND	USTRY	
COMPL	17. FATHER'S NAME (F			Mal	ntanar	ice		ME (First, Middle, M M. (unk		1.0	
TO BE	19a. INFORMANT'S NA Isabell	AME (Type/Print) e Watson			MAILING AGO 46 5th		and Number or Rural		or Town, State, Zip	Code) MD	21227
	20a. METHOD OF DIS 1 Burlal 2 Cm 4 Donation 5	emation 3 🗌 Rem	oval from State	b. PLACE OF other place	DISPOSITION LOW CO	emete	emetery, crematory or		sykes	ville	, Md.
	21. SIGNATURE OF FU	NERAL BERVICE LIC	ENGER C	2_	2.		Sulphur				
CERTIFICATION	snock. JMMEDIATE CAUS disease or condition resulting in death Sequentially list of any, leading to it any, leading to it any. Enter UND CAUSE (Disease of that initiated even resulting in death	onditions, immediate ERLYING or Injury ts	a. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEOU	ENCE OF):	a	rett				interval Betwo
MEDICAL	PART II. Other alg	nificent condition	s contributing to deeth	but not rea	suiting in th	e underlyi	ng cause given in	PI	AS AN AUTOPSY ERFORMED? (ES 2) NO	Al C	ERE AUTOPSY FINDI MALABLE PRIOR TO OMPLETION OF CAU F DEATH?
SICIAN:	25. WAS CASE REFER EXAMINER?	RED TO MEDICAL	HOSPITAL	Ipatient 3		HER:	PLACE OF DEATH (Ci		v)		
ву РНУ	27. MANNER OF OEAT 1 Natural 2 Accident	H 5 Pending Investigation	29s. DATE ON INJUSTY (Month, day, than	190	28b. TIME OF INJURY	M 1 □	YES 2 NO		HOW INJURY OC		
ETED	3 Suicide 4 Homicide	6 Could not be determined	28s. PLACE OF INJUR building, etc. (%)		e, farm, street	t, factory, of	ice /	28f. LOCATION (: City or Town,	Street and Number State)	or Rural Rou	te Number,
COMPLI	29a. CERTIFIER (Check only one) 2	_	ICIAN: To the best of my kno								nd manner as state
O BE C	29b. SIGNATURE AND		Jaroh	on	a		29c. LICENSE NU	MBER 172 8	29d. OAT	SIGNED (N	Forth, Day, Year)
ř	30. NAME AND ADDR	ESS OF PERSON WI	COMPLETED CAUSE OF D	EATH (ITEM	27) (Type, Prin	O Wal	E LANE	RAITI	UNRE	MD	21229

32. REGISTRAP'S SIGNAPHELADE

MAR 08 1990

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

IF UNDER 1 YEAR IF UNDER 24 HRS.

6. AGE (In yrs. leat birthday)

86

7. OATE OF BIRTH (Month, Day, Year) 09/05/13

2. DATE OF DEATH MONTH MAY . 06, 1990 3. TIME OF DEATH YEAR 6. BIRTHPLACE (State or Foreign West Virgin 9c. COUNTY OF DEATH Baltimore 10d, INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? usa ecify Yaa or No— atc.) 14. RACE — American Indian, Black, White, atc. white OF BUSINESS/INDUSTRY Maiden Surname) y or Town, State, Zip Code) 21227 MD 20c. LOCATION — City or Town, State Sykesville, Md. ose Funeral Home Road, Arbutus, Md Approximate interval Between iratory arrest, **Onset and Deeth** 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? WAS AN AUTOPSY 1 | YES 2 | NO

DHMH-16 Rev 1/89

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O'BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, as the fleet within 72 hours after death with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must it
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND	/ DEPARTMENT O	F HEALTH AND	MENTAL HYGIENE
	ERTIFICATE (OF DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF MARYL	ND / DEPARTM CERTIFICA			MENTAL HYGI		
1. OECEOENT'S NAME (First, Middle, Last)	Veronica Me				2. DATE OF DEATH	DAY Y	an 0150 Am
4. SOCIAL SECURITY NUMBER 161-16-7650 D	1 - M 2 X F	78 YRS. MON	THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 03 04		BIRTHPLACE (State or Foreign Country) Pa.
90. FACILITY NAME (If not institution, give str Francis Scott Key RESIDENCE OF DECEDENT				or Location of De Ltimore	EATH	9c. COUNTY	of DEATH
10e. STATE 10b. COUNTY			WN OR LOCA				10d. INSIDE CITY LIMITS? 1 TYPES 2 NO
100. STREET AND NUMBER 6309 Toone Stree	t		10	1. ZIP CODE 2/224		10g. CITIZEN	N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 M Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	DECEMBENT OF HISPAN Decity Cuban, Mexica B 2 NO Specify	n, Puerto Rican, etc.		. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondery (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S USU. (Give kind of work of the Do NOT use reto Housewo	done during mi ired.)	ON ost of working		BUSINESS/INDUS	TRY
17. FATHER'S NAME (First, Middle, Lost) Thomas Lonergan				18. MOTHER'S NA	ME (First, Middle, Me	iden Surname)	
190. INFORMANT'S NAME (Type/Print) Marie Little		3 Rosed	ale A	end Number or Rural ve. Glen	Burrie, M	d. 2106	/
20e. METHOD OF DISPOSITION)(Buriel 2 Cremetton 3 Remo 4 Danetton 5 Other (Specify)	val from State	other place) Saint S	tanis	laus (eme	etery B		e City, Md.
21. SIGNATURE OF FUNERAL SERVICE LICE Charles	9. Jula		Char	les S. Ze	eiler & S	on Inc.	6224 Eastern Ave.
	DUE TO (OR AS A	CONSEQUENCE OF):			, , , , , , , , , , , , , , , , , , ,		t, Approximate interval Between Onset and Daath TO YEAR 20 YEAR
PART II. Other significant conditions	e contributing to death b	ut not resulting in th	na underlyir	ng cause given in	PER	S AN AUTOPSY FORMED? S 2'8 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSP/TAL:	O	26. P	PLACE OF OEATH (CH	neck only one)		
1 YeS 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending	1 Anpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)		Nursing Hor 28c. IN W	JURY AT ORK? YES 2 NO	e Other (Specify) 28d. DESCRIBE H		REO
2 Accident 3 Suicide e Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, stree			2ef. LOCATION (St City or Town, S		Rural Route Number,
Control only	CIAN: To the best of my known						cause(e) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	maili,	M.O		Sac PICENSE NO			SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	J. Pomo	ATH (ITEM 27) (Type, Prin	5 40	740 0	then A	rue Pa	altomo 2122
31. DATE FILED (Month, Day, Year)	32. REGISTBAR'S SIGN	Adapte			1000100		

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permit. Pages 1, 2, 3 should

	1			90 06119						
	1 - FOR STATE OF MARYLAND / DEPARTM CERTIFICA	ENT OF HEALTH AND NATE OF DEATH	MENTAL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Lost) Barbara Wright		2. DATE OF DEATH MONTH 3/6 PO	YEAR 3. TIME OF DEATH						
	215_07_9313 1 M 2 PF 93 VRS. MON	7-5-9-	(Month, Day, Yell) 77	a. BIRTHPLACE (State or Foreign Country) DOLLY More						
TOR	90. FACILITY NAME (If not institution, give streetland number) TVey Hall Deriatric Corty, RESIDENCE OF DECEDENT	BOLL MOT	ATH 9c. COUN	altillore						
DIRECTOR		Baltimore		10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	220 Lyndale are,	21230	10g. CITIZ	EN OF WHAT COUNTRY?						
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexicen 1 YES 2 NO Specify:	, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, stc. Specify: White						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (9-12) College (1-4 or 5+) 16e. DECEDENT'S USU (Give kind of work iffe. Do NOT use ref.	done during most of working	18b. KIND OF BUSINESS/INDU	JETRY						
MP	6 Factory V		Continental	Can						
	17. FATHER'S NAME (First, Middle, Last)		AE (First, Middle, Maiden Surname)							
BE	John J. Hemmeter 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADD		Schuster loute Number, City or Town, State, Zip :	Code)						
2			to., Md. 21236							
	20a. METHOD OF DISPOSITION 1 Derivet 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION other place) Oak LAwn		20c. LOCATION — C Balto							
7	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	John C. MIlle		21206						
	23. PART I. Enter the disease, or complications that caused the death. Do not a shock, or heart failure List only one church on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):	anter the mode of dying, such	as cardiac or respiratory stre	est, Approximata interval Between Onset and Deeth						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
出	resulting in death) LAST									
BY PHYSICIAN: MEDICAL (PART II. Other significant conditions contributing to death but not resulting in the	ha underlying cause given in (Part I. 24e, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
AN	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Che	ock only one)							
SIC	EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4	HER: Nursing Home 5 - Residence								
у РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY	28c. INJURY AT	284. DEŞCRIBE HOW INJURY OCC	CURED						
	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, stree building, etc. (Specify) N & HOM S		281, LOCATION (Street and Number City or Town, State), 1300 W IND L	or Rural Route Number, ASSPR.						
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the control of the control of the control of axamination and/or investigation, in									
TO BE C	296. SIGNATURE AND PIPLE OF CERTIFIER & Paura 4 1	29c. LICENSE NUM	966. 29d. DATE	BIGNED (Month, Day, Year)						
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Price 3007 & NORTHERN PK)	W4. 2121	4,							

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

NORTHERN PKWY

32 AEGISTRANS SHINATURE ACTOR

31. DATE FILED MACH 1980

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VISION OF VITAL RECORDS, P.O. BOX 13146,	the second secon

TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit to filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiger must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN:

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
NR .	CERTIFICATE OF DEATH	REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL	HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DAV	YEAR	3. TIME OF DEAT	N
Herman _K	ZIEMANN	Jr.			MONTH/	6 /90	TEAR	11:16	Ам
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	,	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		Day, Ybar)	8. BIRT Coun		vign
215-05-4137 9a. FACILITY NAME (If not institution, give str		11.7151.	o. CITY, TOWN O	R LOCATION OF O		6-05	COUNTY OF	Md.	
Franklin Square Ho	osp.					[Baltin	nore Cour	ity
10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION				10d. INSIDE CITY LIMITS? 1 X YES 2	
10e. STREET AND NUMBER		1 1011		ZIP CODE		10g.	CITIZEN OF	WNAT COUNTRY?	
4430 RAspe Ave.				21206			USA		
11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER I	2 NO		ENDENT OF HISPAI city Cuben, Mexico			- 14. RAC Blac	E — American Indie ck, White, etc.	n.
3 Widowed 4 Divorced	NO NO	ATES	1 TYES	2 MO Specif	y:		Spe	omy: White	
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		18a. DECEDENT'S US (Give kind of work life. Do NOT use re	done durina mo		18b, K	IND OF BUSINESS	/INDUSTRY		
25,000,000,000,000,000		Pipe Mil	L		В	eth Stee	1		
17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Mic	idle, Melden Surnen	ne)		
Herman K. Ziemani	Sr.	I		Doroth					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_			nd Number or Rural					
Rosina V. Ziemann 200 METHOD OF DISPOSITION	20	. PLACE OF DISPOSITE		ve. Balt		20c. LOCATION		lown, State	
1 ☑ Buriel 2 ☐ Cremation 3 ☐ Remo	val from State	Gardens of	Faith			Balto	o., Mo	1.	
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		.Tohn	C. MI116	CILITY The				,
Non-X	nply			Belair F			1. 212	206	1
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	Vascular / A CONSEQUENCE OF): A CONSEQUENCE OF):	Acciden	t					
PART II. Other algnificant conditions	i. a contributing to death i	out not resulting in	the underlying	g cause givan in		24a. WAS AN AUTOI PERFORMEO? 1 YES 2 X NO		b. WERE AUTOPSY FI AVAILABLE PRIOR COMPLETION OF C OF DEATH?	TO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF OEATH (C	heck only one)				
1 TYES 2 X NO	1 Xinpatient 2 - ER/Out	patient 3 DOA 4		e 8 🗆 Residence	_				
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WC	URY AT PRK? YES 2 NO	26d. DESC	RIBE HOW INJURY	OCCUREO		
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJUR building, atc. (Spe	f — At home, farm, atre				TION (Street end Nu Town, State)	mber or Rura	l Route Number,	
29e. CERTIFIER (Check only 1 CERTIFYING PNYSH	CIAN: To the best of my known. R: On the basis of examination							(a) and menner se s	tated.
296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d.	DATE SIGNE	ED (Month, Day, Year)	
M Spaul	deas n	W		1088		•	3/6/9	20	
	ng M.D. 9000 32. REGISTRAR'S SIG	Franklin	Square	Drive B	Baltim	ore Mary	/land	21237	
MAR 0 8 1990	Statie Noin	1 D. 2.00	7						

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal. cremation. or remova	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical
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			FOR 1 - STATE REGISTRAR	STATE OF MARYLA				HEALTH F DEA		ENTAL HYG			
			1. DECEDENT'S NAME (First, Middle, Last)	NP B	Af.	ford				2. DATE OF DEAT		90	3. TIME OF DEATH
,	_		4. SOCIAL SECURITY NUMBER 2-16-03-4007		76		UNDER 1 YEA			7. DATE OF BIRTH (Month, Day, Yes 6-25-1	l ir)		PLACE (State or Foreign
	2, 3 should	стоя	99. FACILITY NAME (If not institution, give st A ROOK RESIDENCE OF DECEDENT	respital Ce	nte	Ph 96	CITY, TOY	WN OF LOCAT	Itim	TORE		NTY OF D	
	f. Pages 1,	DIREC	100. STATE 10b. COUNTY Maryland ===	20 TOD		Balt							10d. INSIDE CITY LIMITS? DCX YES 2 NO
	ing physician. The burial-transit permit. Pages 1,	FUNERAL	100. STREET AND NUMBER 5301 Wasena Av						225			U.S.A	
-3146	attending physician, se as the burial-trar	BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2X NO		If yes		en, Mexican,	C ORIGIN? (Specif Puerto Rican, etc		14. RACE Black Speci	E — Americen Indien, c, White, etc. hy: White
212	for u	LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondery (0-12)		Me. L	EDENT'S USI E kind of work So NOT use re	done during tired.)	ATION most of work	king		BUSINESS/IN		
	by the hospital be detached for at once.	E COMPL	17. FATHER'S NAME (First, Middle, Last) Frank Thoma	ıs		Dares	HIGHT	18. MO	THER'S NAME	E (First, Middle, Mi	SUTANC	e	
	y be retained bage 5 should be notified	TO B	19a. INFORMANT'S NAME (Type/Print) Katherine Baff	ord ord						altimor			1 21225
BALTIMORE,	E 2		20e. METHOD OF DISPOSITION 1.20 Burlel 2 Cremetion 3 Remet 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	oval from State	other place		emete		ematory or	В	altimo:		wn, state Maryland
BALTII			Yeon	Lyon	رب	<u></u>	G∈ 4(eorge 001 Ri	J. Go.	nce Fun Hwy. B	altimo	re, M	P.A. Md. 21225
9,	within 24 nours at pletely filled in by cremation, or removent, the medical		23. PART I./Entar the disases, or o shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Some to the second s	CONSEQU	JENCE OF):	ire	1200	4 2	Flas	respiratory ar	rest,	Approximata Interval Between Onset and Dast
	ncate be execu physician and ne prior to bur her traumation	ERTIFICATION	Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in daath) LAST	DUE TO (OR AS A	~5;	2	Pa	1	1-10				
S	requires that the deat en signed by the atte of Health and Mental shows any Injury,	MEDICAL C	PART II. Other algnificant condition	s contributing to death by					given in P	PE	S AN AUTOPSY RFORMED? ES 2 NO	246	N. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 N NO
FAL F	The law ite has b ate Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 27500	HOSPITAL:	atient 3 (THER:		DEATH (Chec	ck only one))	<u></u>	
OF	this with	BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY	- At hom	28b. TIME O	M 1	INJURY AT WORK?	□ NO	28d. DESCRIBE H			Double Number
	DR ATTEN DIRECTOR: nours after tem 28 b	LETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spec	elfy)					City or Town,	State)		nord ITUIIIOT,
u	HOSPITAL FUNERAL WITHIN 72	COMPL	COMMON OTHY	R: On the basis of examination				on, death occ		ime, date end ple	ce, end due to i	the cause(s	a) end manner ee stated. O (Month, Day, Year)
	Por 클로프	BE	1110	7 weiss		77.1).	10	379		≥ 10. DA	3/	(/5-

29c, LICENSE NUMBER 03798

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gille sample model

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

obel+ P. Wa

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hay be retained by the incoming to entering programmer. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

be notified at once.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical era TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours into the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remort

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CI	ERTIF	ICATE C	F DEATH		REG. NO.				
	1. OECEOENT'S NAME (First, Middle, Last)							OF DEATH		VEAR	3. TIME OF DEATH	
	Fred Ke	ller Bunt	ing				MAR		10	190	0900	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YE		7. DATE	OF BIRTH		8. BIRTH Country	PLACE (State or Foreig	gn
	214-28-8399	1 🔀 M 2 🗆 F	71	YRS.	MONTHS DA	YS HOURS MIN.		13/18		Country	MD	
	9a. FACILITY NAME (If not institution, give s	treet and number)			96. CITY, TO	WN OR LOCATION OF			9c. COU	NTY OF DI	EATH	
DIRECTOR	PENINSULA GENERAL	HOSPITA	L		SAL	ISBURY, M	ARYLA	AND	W	/ICOM	ICO	
REC	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN OR L						10d. INSIDE CITY LIMITS?	
		cester			0cear	City					1 TES 2 X NO)
34	100. STREET AND NUMBER					101. ZIP CODE					HAT COUNTRY?	
FUNERAL	257 Golf Cour					21842				JSA		
BY	11, MARITAL STATUS 1 Never Married 2 Marriad 3 Vidowed 4 XDivorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	X YES 2 1		if ye	DECENDENT OF HISPA e, specify Cuben, Mexic YES 2 NO Specific	en, Puerto		or No-	14. RACE Black Specii	- American Indian, d, White, etc.	
0	15. DECEDENT'S EDU (Specify only highest grade	CATION completed			USUAL OCCU	PATION g most of working	168	b. KINO OF BUS	INESS/IN	OUSTRY		
Щ	Elementary/Secondary (0-12)	College (1-4 or 5	life	Do NOT u	se retired.)	y most or working						
MP.	12		Cha	artei	Boat	Captain		Water	man			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N			,			
BE	Levin J. Bunting	, Jr.				Annie	Gill:	igan Sp	ence	er		
2	19a, INFORMANT'S NAME (Type/Print)		19			reet and Number or Rura						
	Jay T. Bunting	2				iter Ave.					1842	
1	20a. METHOD OF DISPOSITION 1 Depute 2 Cremation 3 Ram	oval from State	20b. PLACE other pi	lecel.		of cometery, crematory or en Cemeter				in, M		
	4 Donation 5 Other (Specify)	CENDEE	-	E/		E AND ADDRESS OF F						
	21. SIGNATURE OF FUNERAL SERVICE LI	LENSEE			22. NAN	E AND ADDRESS OF F	-ACILITY	Burbag 108 Wi	e Fu	inera	1 Home	
1	SI. Truck/	Quebal.						Berlin	, Mo	1. 2	1811	
ng .	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceu	ise on each line	.		n mode of dyling, su uma u Em					Approximate interval Betwoonset and D	ween
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a Pri	OR AS A CONSE	QUENCE O	n:	y En	Pen	rel	A	sk	res_	
MEDICAL	PART II. Other algorificant condition	e contributing to	death but not	resulting	In the under	-	fees	24a. WAS AN PERFOR	MED?	246	WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION DF CAU OF DEATH?	USE
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					6. PLACE OF DEATH (Check only o	one)				
200	1 YES 2 NO	HOSPITAL:	ER/Outpetlant	3 🗆 DOA	OTHER:	Home 5 - Residence	8 🗆 Oth	er (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF (Month, E	INJURY	28b. Til	ME OF 284	:. INJURY AT WORK?	28d. DE	SCRIBE HOW II	NJURY O	CUREO		
BY F	1 Natural 5 Pending Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		M 1	YES 2 NO						
60	3 Suicide 8 Could not be determined	28e. PLACE C building.	of INJURY — At he atc. (Specify)	ome, farm,	street, factory,	offica		CATION (Street a y or Town, State)	ind Numbi	er or Rural I	Route Number,	
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN					date and place, and do					s) and manner as stat	ted.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R /		4		29c. LICENSE N	UMBER	1	29d. DA	re siange	(Month, Day, Year)	
) BE	proceed	da	5/(4.	1/	D37	67	10	>	3/6	190	
5	30 NAME AND ADDRESS OF PERSON W	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (Typ	o, Print)	S. Pi	ne.	File	4	P	Q#1	
	31. MAREO (39. 1990 g	A BOURE	S.S. Carda B.	•			7	, ac	-	15		

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YTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremating the control of the state of the
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	FOR 1 - STATE REGISTRAR	STATE OF M					EALTH DEAT		MENTA	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last MYRTLE PE	ARL	BITTN	ED.					2. DATE			EAR 0	3. TIME OF OEATH 05:30am
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7 DATE	E OF BIRTH	6		LACE (State or Foreign
	198-20-3332. 9a. FACILITY NAME (If not institution, give	1 M 2 F	84	YRS.	9b. CITY	, TOWN C	R LOCATIO	ON OF DE		• 5,190	9c. COUNTY		
E O	SACRED HEART H	OSPITAL				C	umbe:	rlan	.d		AL	LEG	ANY
DIRECTOR	10a. STATE 10b. COUN	TY			Y, TOWN			_					10d, INSIDE CITY LIMITS?
- 1	Pa. Some	erset Co.			RD-3		ersd:				10g. CITIZE		1 TYES 2 TO NO
FUNERAL	RD-3						155					USA	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 2			If yes, sp		n, Mexica	n, Puerto	IN? (Specify Yea o Rican, etc.)	or No- 14	Black, Specify	American Indian, White, etc. White
LETED	15. DECEDENT'S EC (Specify only highest grad Elementary/Secondary (0-12)		(G	. Do NOT u	work done se retired.)		ON st of workin	g	16	b. KIND OF BUS	INESS/INDUS	TRY	
COMPLET	17. FATHER'S NAME (First, Middle, Last)		i ii	omem	aker		16. MOTH	IER'S NA	ME (First,	Middle, Maiden S	Surname)		
BEC	Russell McLau	ighlin								Mae Moo:			
2	190. INFORMANT'S NAME (Typo/Print) Betty Baer		1	RD-3			dale			mber, City or Town 5552	, State, Zip Co	ode)	
	20e. METHOD OF DISPOSITION 1 🔀 Burlel 2 🗆 Cremetion 3 🗆 Re	moval from Stata	20b. PLACE other pla Green	OF DISPO	SITION (N	me of cer	netery crem	antory or		20c. LOC	CATION — CH		
	4 Donallon 5 Other (Specify)	ICENSEE	Green	VIII						Price	Meyer	rsda al H	le, Pa.
	· William X	KA	11	249						rsdale,			
CERTIFICATION	23. PART I. Enter the diseases, one hock, or heart fellure immediate cause (Finel disease or condition resulting in deeth) Sequentially liet conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	e. DUE TO DUE TO		OUENCE O	F):	d	de or dy	ng, suc	n as ca	raiec or reepii	atory arres	R.	Approximate interval Between Onset and Death 10 do-y 15 year.
_	PART II. Other eignificent conditi	ona contributing to	deeth but not	resulting	in the u	nderivin	o cause o	olven in	Part i.	24a, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
N: MEDICAL	Broschete. Vrenang	enfector								PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 YES 2 1 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHE	R:	ACE OF D			one) her (Specify)			
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF (Month, D		28b. TIA		28c. IN.	URY AT ORK? YES 2		_	ESCRIBE HOW IP	YJURY OCCU	RED	
	3 Sulcide 6 Could not b 4 Homicide detarmined		F INJURY — At ho	ome, ferm,	street, fac	tory, offic				OCATION (Street a ty or Town, State)	nd Number of	r Rural Ad	oute Number,
COMPLETED	CONTROL ONLY	SICIAN: To the best of NER: On the basis of a											and manner as steled.
TO BE	296. SIGNATING AND TITLE OF CENTIF	Sun 1					29c. LIC	12 J			≥ 3	SIGNED ((Month, Day, Year) — 90
F	30. NAME AND ADDRESS OF PERSON OF GEORGE BREZA		12 SETO			CUM	BERL	AND,	MD	21502			
	MAR 09 1990	Pulis Davidson	A SHOW	Ī									

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Pr	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral j	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examina
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COMPLETED BY PHYSICIAN: MEDICAL	EXAMPLER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	HOSPITAL: 1 Inpatient 2 = ER/Or 28e. DATO F INJUR (Month, Dey, Your 28e. PLACE OF INJU building, etc. (S)	26b. TIN	4 Nurs	Ing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	28d. DESC	RIBE HOW I		RED Rural Route Number,
SICIAN:	EXAMINER?	HOSPITAL:	stpatient 3 🗆 DOA			6 Other	Specify)		
-	25. WAS CASE REFERRED TO MEDICAL			OTHER	26. PLACE OF DEATH (C	theck only one)			<u></u>
MEDICAL	PART II. Other algolificant condition	s contributing to death	but not resulting	in the und	derlying couse given in		4a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	F):					
	23. PART I. Enter the diseases, or can shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	List only one cause on	ATIC	BR	the mode of dyling, su		c or respi	ratory arrest	Approximata Interval Between Onset and Death
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		St. John	22. N W 1	angelical AME AND ADDRESS OF F 111am E. 21 Loch R	Johns	on, E	A.F	, PA uneral Home son,MD21204
	20s METHOD OF DISPOSITION 12 Suriel 2 Cremetion 3 Remo	oval from State	0b. PLACE OF DISPOS	ITION (Nam	ne of cemetery, crematory or		20c, LO	CATION — City	or Town, State
TO BE	190. INFORMANT'S NAME (Type/Print) Raymond M. Tucl		19b. MAILING		(Street and Number or Rural Ave. Bal	Route Number			
COM	17. FATHER'S NAME (First, Middle, Last) William	R.	Gilfert		18. MOTHER'S N.		die, Maiden	Surname)	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondery (0-12)		18e. DECEDENT'S (Give kind of v Me. Do NOT us HOUSEW	vork done du e retired.)	CUPATION uring most of working	100000	ind of Bus	INESS/INDUS	TRY
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	If.	AS DECENDENT OF HISPA yee, specify Cuben, Mexic YES 2	en, Puerto Ric	Specify Yea an, etc.)	or No— 14.	RACE — American Indian, Black, White, etc. Specify: Vhite
	Maryland Balt: 100. STREET AND NUMBER 2301 Pentland I	imore Co.	et .	rkvi	101. ZIP CODE 21234			10g. CITIZEN	1 VES 2XXNO OF WHAT COUNTRY?
DIRECTOR	St. Joseph Hosp RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY			, TOWN OF	LOCATION			Dall.	10d. INSIDE CITY LIMITS?
æ	9e. FACILITY NAME (If not inatitution, give at	reet and number)) bus		TOWN OR LOCATION OF D		-150	9c. COUNTY	
	4. SOCIAL SECURITY NUMBER 109-18-0122	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF (Month, L	BIRTH	8.	BIRTHPLACE (State or Foreign Country) Ennsylvania
	1. DECEDENT'S NAME (First, Middle, Last) DORCTHY	М•	BYR	NF.		2. DATE OF MONTH	na'	1990	3. TIME OF DEATH 9:25 PM
-	REGISTRAR		CERTIF	CATE	OF HEALTH AND OF DEATH		REG. NO.		

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 12115

31. DATE FILED (MONTH, Dey, Year) 9 1990

BALTO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR		CERTIF	ICATE O	DEATH	RI	EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D			3. TIME OF DEATH
MARYON	Α.	RI	JRTON	- 1	March	7,199	YEAR	8:55 AM
		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF B	IDTH	e pipt	HPLACE (State or Foreign
219-18-1013	1 🗆 M 2 💢 F	64 vas.	MONTHS DAYS	HOURS MIN.	March March	22,192	25 Ma	aryland
9e. FACILITY NAME (If not institution, give stre				OR LOCATION OF DEA	ATH	9c. C	COUNTY OF	DEATH
1826 White Oak Av	e.		Park	/ille			Balti	more
RESIDENCE OF DECEDENT								
10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC					10d, INSIDE CITY LIMITS?
Maryland Balti	more		Parkvi:	lle				1 TYES 2 NO
10e. STREET AND NUMBER				Of. ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?
1826 White Oak Av	e.			21234			U.S	.A.
11. MARITAL STATUS	12. WAS DECEDENT EVER	R IN U.S. ARMED	13. WAS D	ECENDENT OF HISPANI	IC ORIGIN? (Sp	ecify Yes or No-	- 14. BAC	CE — American Indian, ck, White, etc.
1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 _ YE IF YES, GIVE WAR OR			specify Cuben, Mexican ES 2 X NO Specify:		, etc.)		chy White etc.
15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S	USUAL OCCUPA	TION	16b, KINI	D OF BUSINESS	/INDUSTRY	
(Specify only highest grade c	College (1-4 or 5+)	Iffe. Do NOT us	work done during i se retired.)	nost of working				
12 vr's	Contage (1-4 of 5+)	Home	emaker					
17. FATHER'S NAME (First, Middle, Last)		Tiome	marci	18. MOTHER'S NAM	RE /Elmt Allefelle	Adairlan Cumum	me)	
Michael A.	Ma	nningon				a, marcon cumum		Da.,
	INC	oppinger		Irmen				Baumann
19a. INFORMANT'S NAME (Type/Print)	C.,			t and Number or Flural Fl	loute Number, C	ity or lown, State	, ZID Gode)	
A. Clifton Burton			as #10					
20a METHOD OF OISPOSITION 1 N Burial 2 Cremation 3 Remove	val from State	20b. PLACE OF DISPO other place)			- 4	20c. LOCATION	N — City or	Town, Stata
4 Donation 5 Other (Specify)	CO HELICIPA	Dulaney \		3/10/90			nium,	
21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE Paul L H	artsock, Jr.	22. NAME	AND ADDRESS OF FAC	Bal	timore	, Md.	21214
► Paul Zhl.	1. 1 12		Led	nard J. R	uck, I	nc. 5	305 H	arford Rd.
23. PART I. Enter the disesses, or co	Oren X							
shock, or heert feilure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death)			y 8	mbol	س	or respiretory	antoot	Approximate interval Between Onset and Death
	DUE TO (OR A	S A CONSEQUENCE D	F):	2	10			
	Meta	-3 to	TIE	Buld	1 6	inel	7	
Sequentially list conditions, if any, lesding to immediats	DUE TO (OR A	S A CONSEQUENCE O	F):					
CAUSE (Disease or injury								
that initiated events	DUE TO (OR A	S A CONSEQUENCE O	F):					
resulting in desth) LAST								
PART II. Other significant conditions	contributing to deat	h but not resulting	in the underly	ing cause given in	Part I. 24s	PERFORMED?		Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
					10	YES 2 NO	0	COMPLETION OF CAUSE OF DEATH?
								1 TYES 2 THO
25. WAS CASE REFERRED TO MEDICAL				PLACE OF DEATH (Che	ack only one)			
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/O	Outpatient 3 DOA	OTHER:	ome 5/2 Residence	5 ☐ Other (So	ect(v)		
27. MANNER OF DEATH	28a. DATE OF INJUR		ME OF 28c.	NJURY AT		BE HOW INJURY	OCCURED	
1 Natural 5 Pending	(Month, Day, Yea	n) X m		WORK?				
2 Accident Investigation	28e. PLACE OF INJU	JRY — At Home, Seren,	street, factory, of	1.00	28f LOCATIO	N (Street and Nu	mher or Rura	i Boute Number
3 Suicide 8 Could not be 4 Homicide detarmined	building, etc. (S		1.1.	17.75	City or To	wn, State)		
29a. CERTIFIER		- 4						
(Check only	SAN: To the best of my lu	A						
2 MEDICAL EXAMINER	: On the basis of examin	ation and/or investigati	on, in my opinior	, death occured at the	time, date and	place, and due	to the cause	e(s) and manner as stated.
296 SIGNATURE AND TITLE OF CENTIFIER	111	1		29c. LICENSE NUN	IBER		DATE SIGN	ED (Morth, Day, Year)
Mary	000	100 N	I.D.	1 173	147	-8	31	7190
30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF	DEATH (ITEM 27) (Type	a, Print)	1		0 1		, , , ,
Mary Bolton, M.	D	Johns Hast	tine He	ani+al				
II FIGHTY DOLLOTTE PIL		annns Hom	CITIC MO	SILLIAI				
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S S	Johns Hopl	CITIS HO	Spitai				
31. DATE FILEO (Month, Day, Vear) MAR 09 1990	32. REGISTRAR'S S			Spirai			-	

PYLAND 21203-3146
sing by the hospital or attending physician.
mount be detached for use as the burish-transit permit, Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMONE

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pripe # TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune in director, be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burfal, cremation, or removal.

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo
	0	P	9
			Q

	1 - STATE OF MARYI	AND / DEPARTMENT	OF HEALTH AND ME	NTAL HYGIENE REG. NO.					
	1. DECEOENT'S NAME (First, Middle, Lest) JOHN FBOEBEL			DATE OF DEATH MONTH DAY	3. TIME OF DEATH 8:50 A				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE 215052938 1X M 2 □ F 80	(In yrs. lest birthday) IF UNDER YRS. MONTHS	1 YEAR IF UNDER 24 HRS. 7. DAYS HOURS MIN.	DATE OF BIRTH (Month, Day, Yan) G. 6, 1909	s. BIRTNPLACE (State or Foreign Waryland				
OR	9e. FACILITY NAME (If not institution, give street and number) CHURCH HOSPITAL CORPORAT		, town or location of death	0.	ounty of death				
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c. CITY, TOWN	OR LOCATION IMORE CITY		10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	100. STREET AND NUMBER 4207 Hamilton Avenue		10f. ZIP CODE 21206		CITIZEN OF WHAT COUNTRY?				
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Xidentify Middle A Olivorced 12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 200	WAS DECENDENT OF HISPANIC If yes, specify Cuben, Mexican, I 1 — YES 2 NO Specify:		- 14. RACE — American Indian, Black, White, etc.				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12	18e. DECEDENT'S USUAL C (Give kind of work done life. Do NOT use retired.) Ret. Police	during most of working	Beth. Steel					
BE COMP	17. FATHER'S NAME (First, Middle, Last) Hans Boebel	Ret. Police	18. MOTHER'S NAME	(First, Middle, Maiden Surname					
TO B	190. INFORMANT'S NAME (Type/Print) Michael E. Boebel		s (Street and Number or Rural Aou Drive Baltimore,						
	20a METNOD OF DISPOSITION 1 X Burlel 2 Cremetton 3 Removal from State 4 Doneston 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE		sus March 10, 19	90 Baltimor	- City or Town, Stata re, Maryland				
	James F. Gladden James f. As	1.10.	name and address of Facili eonard J. Ruck In		d Rd. 21214				
	23. PART i. Enter the diseases, or complications that cause shock, or heart failure. List only one cause on iMMEDIATE CAUSE (Final disease or condition resulting in death)		the mode of dying, such a	s cardiac or respiratory	arrest, Approximata interval Batween Onset and Dasth				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST b. OUE TO (OR AS A CONSEQUENCE OF): out TO (OR AS A CONSEQUENCE OF): d. OUE TO (OR AS A CONSEQUENCE OF):								
: MEDICAL	PART II. Other significant conditions contributing to death	but not resulting in the u	nderlying csuse given in Pa	PERFORMED? 1 YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL	28b. TIME OF	rsing Nome 5 Residence S 2Sc. INJURY AT 2 WORK?		OCCUREO				
TED BY	2 Accident Investigation	RY — At home, farm, street, facecify)	1 YES 2 NO	28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)					
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my known one) 2 MEDICAL EXAMINER: On the best of examinet								
то ве с	296. SIGNATURE AND TITLE OF CERTIFIER	(29c. LICENSE NUMB	•	DATE SIGNED (Month, Day, Year)				
_	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF E	CHURCH HOS	100 N. BROA		TIMORE, MD. 212				
	31. DATE FILED (MONT), Day, Nov) 1990 32. RIGISTRAR'S SIG	LANT-FORMAR							

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notified at once.

90-06127

	1 - STATE REGISTRAR	STATE OF N	/ MARYLAND / CE	DEPAF ERTIF	ICAT	TOF H	DE AT	AND !		YGIENI EG. NO.	E VOID	المساد الما	I'd Lx um	1 18
	1. DECEDENT'S NAME (First, Middle, Las	t)			10/11		DEA		2. DATE OF I	DEATH	-		. TIME OF DEATH	110
	Edward	Lee CROC	KETT						MONTH 2 /	7 DA	, , 90	YEAR	3.15	М
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	st birthday)		R 1 YEAR	IF UNDER		7. DATE OF E (Month, De				LACE (State or Forel	gri
	215-12-2786	1 M 2 🗆 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	01 17	21		Oddrii y)	Md.	
	9e. FACILITY NAME (If not institution, give	· ·			9b. CIT	Y, TOWN O			ATH			TY OF DE		
8	Franklin Square	e Hospital				Ros	svil	le			Bal	timo	re Count	У
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUR	YTY		10c, CIT	y, TOWN	OR LOCAT	ION					- 1	lod. INSIDE CITY	
DIRECTOR	Md. Be	ultimore			ast								LIMITS?	0
	10e. STREET AND NUMBER						ZIP CODE	E			10g. CITI		AT COUNTRY?	
ER/	7317 Stratton We	tton Way 21224 U.S.A.								4.				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE - Arm								- American Indian.				
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	YES 2 XJ	NO		1 YES				1, etc.)		Specify	White White	
0	15. DECEDENT'S EDUCATION 18s. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY													
E	(Specify only highest gre Elementery/Secondery (0-12)	College (1-4 or 5	+)	. Do NOT u	sa retired.)		st of workir	ng	0	,1	C , _	,		
A A	10	1000	3	lect	rici	an.			Be	tr.	Steel	_		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	1		-				011	ME (First, Middl	le, Malden	Sumame)			
B	Ernest (roc	kett						Mi	_					
5	1981. INFORMANT'S NAME (Type/Print) Mildred P. (roc	kett							Route Number, O			Code)		
	20s. METHOD OF DISPOSITION		20b. PLACE other pl	OF DISPO	SITION (N	lame of cer	netery, cren	netory or				City or Tow		
	1 NBurial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	amoval from State	_ 0		aun (eme	tery			ζa	astwod, Md.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Charles S. Zeiler & Son Inc. Eastern Ave													
454	harle	D. Ze	de		(har	les I	s. Z	eiler	& Soi	n Inc	: Ea	stern Av	e.
	23. PART I. Enter the disesses, p shock, pr heart failur IMMEDIATE CAUSE (Final	or complications the	at caused the deuse on each line	esth. Do e.	npt ente	r the mo	de of dy	ing, suc	h ss csrdisc	or respi	ratory sm	est,	Approximate interval Bet Onset and I	ween
	disessa or condition resulting in desth)	. Cerebral Vascular Accident (left occipito parietal												
		DUE TO (OR AS A CONSEQUENCE OF):												
ON	Sequentially list conditions,	- region	OR AS A CONSE	OHENCE C	en.									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	Cardio			•	uith	noce	ibla	Anny	thm:				
FI	CAUSE (Disesse or Injury that Initiated events	OUE TO	OR AS A CONSE	QUENCE C	F):	N I CII	p033	STOTE	Ally	PHH I C	λ			
F	resulting in death) LAST	d												
ū	PART II. Other significant condit	lons contributing to	death but not	resulting	in the U	nderivin	cause :	given in	Part i. 24	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINI	DINGS
CAL									7.7	PERFOR	MED?		AVAILABLE PRIOR TO)
ED									_ ''	YES 2			OF DEATH?	
≥ ::									_					
AN	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF D	EATH (Ch	eck only one)					
SIC	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	3 🗆 DOA	OTHE 4 Nu		• 5 □ R	esidence	8 Other (S)	oecify)				
PHYSICIAN: MED	27. MANNER OF DEATH	28a. DATE O	F INJURY Day, Year)	28b. Til	ME OF	28c. INJ	URY AT		28d. DESCRI	BE HOW I	NJURY OC	CURED		
ВУР	1 Natural 5 Pending 2 Accident Investigation		July, 1001)	"	M	1 🗆		□ NO						
ED B	3 Suicide 8 Could not l	building	OF INJURY — At he , atc. (Specify)	ome, farm,	street, fa	ctory, offic	•		28f. LOCATIO	ON (Street a	and Number	or Rural Ro	oute Number,	
ETE	4 Homicide detarmined													
COMPLET	CONTROL ONLY	YSICIAN: To the best o	f my knowledge, d	eath occur	red at the	tima, deta	and place	, and due	to the cause(s) and mad	nner as stat	ted.		
O	one) 2 MEDICAL EXAM	INER: On the basis of	examination and/or	investigati	on, in my	opinion, d	leath occu	red at the	tima, data and	f place, an	d due to th	ne cause(s)	and manner as sta	ted.
BE C	29h. BIGNATURE AND TITLE OF CENTS	//		1			29c. LIC	ENSE NU	MBER		29d, DAT	E SIGNEO	Month, Day, Year)	
TO B	poplinger		FORD				3	342	-57		•	3-7	-90	
Ė	30. NAME AND ADDRESS OF PERSON													
	Dr. Raiford 90 31. DATE FILEO (Month, Day, Year)	JUU Frankl 32. REGISTR	IN SQUATURE	re Di	rive	Balt	imor	re Ma	aryland	1 212	237			
	MAR 09199	1 Like to	uidson-Par	ndete										
	W. IV.	- 11		4 7 6	-			_						

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 hy hours the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. We is secured to use as the burial-transit)	I liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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law red	s been	ept. of	23 she
The	cate ha	State D	Item .
SICIA	certifi	h the	d. 0r
NG PH	fter this	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	marke
TENDI	DR: A	fter de	80
OR AT	DIRECT	Dours a	tem 2
PITAL	ERAL	12 m	1
5	E	with	IAN

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

111-01-1389

4. SOCIAL SECURITY NUMBER

William C. Cusick

091990

5. SEX

1 🔀 M 2 🗌 F

1 -

9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 5606 Sandy Bluff Way Baltimore DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland Anne Arundel Baltimore 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 21225 5606 Sandy Bluff Way 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 2 X NO 1 Never Married 2 Married BY 3 K Widowed 4 Divorced ED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) H Elementary/Secondary (0-12) College (1-4 or 8+) COMPL Lead Man 12th Grade 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William C. Etta Baldwin Cusick Sr. 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 5606 Sandy Bluff Way Baltimore, Maryland 21225 Joyce Johnson 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or Plainedge Cemetery Bethpage, New York 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home 4001 Ritchie 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Kuchan 4 Hgwy Baltimore, Maryland 21225 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory srrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL OTHER: 1 YES 2 NO tient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence s Other (Specify) 27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28b, TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide DIRECTOR hours after item 28 detarmined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(a) and manner as atsted. TO THE FUNERAL OF THE FUNERAL DE FILE WITH 72 ho 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER BE man 0 Mo 2 OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRES Forman Ritchie 7010 2 4 31. DATE FILED (Month, Day, Year, Solia Davidon Handale

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

8. AGE (In yrs. last birthday)

YRS

86

2. DATE OF DEATH MONTH

7. DATE OF BIRTH

5-17-1903

March

IF UNDER 24 HRS.

HOURS

7, 1990

Aero

20c. LOCATION - City or Town, State

90 06128

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, etc.

1 YES 2 X NO

White

Approximete

24b. WERE AUTOPSY FINOINGS

AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 | YES 2 | NO

29d. DATE SIGNED (Mghith, Day, Year)

Interval Between **Onset and Death**

New York

9c. COUNTY OF DEATH

Anne Arundel

10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

Specify:

DHMH-18 Rev 1/89

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ed at once.

TO THE HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 25-valus after death. Page and TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral distribution within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	GRACE F. CONRAD		MONTH DAY	90 0/0	
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF U	NDER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Country)	
	221-01-05 92 1 M 2 HF 82 VRS.		03-03-0	18 MARYLA	(IN
TOR.	98. FACILITY NAME (If not institution, give street and number) WASHINGTON COUNTY HOSDITAL RESIDENCE OF DECEDENT	CITY, TOWN OR LOCATION OF DE HAGERS TOLI	IN C	UASHINGTON	/
DIRECTOR		NN OR LOCATION ERSTOWN		10d. INSIDE C LIMITS? 1 F YES 2	
	100. STREET AND NUMBER	101. ZIP CODE	1	10g. CITIZEN OF WHAT COUNTRY	
FUNERAL	1009 CAK HILL AVENUE	21740		LISA	
BY FUI	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cubert, Mexica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	14. RACE — American II Black, White, etc. Specify:	ndlan,
9	15. DECEDENT'S EDUCATION 16s. DECEOENT'S USU/ (Specify only highest grade completed) (Give kind of work of	lone during most of working	16b. KIND OF BUSIN	ESS/INDUSTRY	
COMPLETED	Elamentary/Secondery (0-12) College (1-4 or 5+) life, Do NOT use retired to the second of the second	ed.)			
BE COI	17. FATHER'S NAME (FIRST, MICHIEL LAST) OHO DENNIS FAHRNEY.	18. MOTHER'S NA HARRI	ME (First, Middle, Maiden Su ET KOOG	LE FAHRNEL	
5		RESS (Street and Number or Rural I	NVILLE:	PA. 19375	_
	20s. METHOD OF DISPOSITION 1	N (Name of cemetery, crematory or		TION — City or Town, Stata	
	21. SIGNATURE OF FUNEBAL SERVICE LICENSEE 2 3.8.90	22. NAME AND ADDRESS OF FA	CILITY		
	Sunaly of Walle	STATE ANATOM	Y BOARD, BA	ALTO., MD. 212	01
	23. PART). Enter the diseases, or complications that caused the death. Do not a shock, or heart failure. List only one cause on each line.	ntar tha moda of dying, suc	h as cardiac or reapire	Interva	Batwaan
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) • Acutt Ceremal Va	escular Acc	ident		Day 5
-	DUE TO (OR AS A CONSEQUENCE OF):	regular Des		cel Abriel 7	hux
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING			. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
IFIC.	CAUSE (Disease or injury that initiated events oue TO (OR AS A CONSEQUENCE OF):		-		
EH	resulting in death) LAST				
	PART II. Other significent conditions contributing to death but not resulting in the	e underlying cause given in	Part I. 24a. WAS AN AL PERFORM	ED? AVAILABLE PRI	OR TO
MEDICAL	OH hair party		1 🗆 YES 2	or bearing	
	Altzheimen's Medeall		- '	1 🗌 YES 2	□ NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PLACE OF OEATH (Ch	eck only one)		
YSI	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4	HER: Nursing Home 5 - Residence			
ВУ РН	27. MANNER OF DEATH Natural 5 Pending	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJ	URY OCCURED	
ED	3 Suicide 6 Could not be determined 26s. PLACE OF INJURY — At home, farm, atreet building, etc. (Specify)	, factory, office	261, LOCATION (Street and City or Town, State)	d Number or Rural Route Number,]
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred st				
00	2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in 29b. SIGNATURE AND TITLE OF CERTIFIER		Carlo Description of the same		
BE	Ways S. World D.	29c. LICENSE NUI	MBER 215	≥ 3, 6, 90	oar)
은	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		1.6.10	\dashv
	31. DATE APR 100 901990 Sup 32. The STATE				

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executed	and con	o burial,	matic e
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the
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that !	ed by	Ith and	any
requires	en sign	of Hea	Swons
ME	S De	ept.	23
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SING	After	death	EE.
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1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPART CERTIFI	MENT OF I		MENTAL HYGIEN REG. NO	_			
1. DECEDENT'S NAME (First, Middle, Lest) BRITTAN	y PATR	ICIA	DIGGS		2. DATE OF GEATH DO NOTH DO NO	AY Y	3. TIME OF DEATH 10:04AM M		
4. SOCIAL SECURITY NUMBER		NGE (In yrs. lest birthday)	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1/10/90	6.	BIRTNPLACE (State or Foreign Country)		
9a. FACILITY NAME (If not institution, give s JOHNS HOPKINS H	•			ORE CITY	ATH	9c. COUNTY			
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MD	Y		TIMORE	TION tod. INSIDE					
10e. STREET AND NUMBER	AL DADIC AVE			f. ZIP CODE			N OF WHAT COUNTRY?		
1107 N. PATTERSO tt. MARITAL STATUS 1 X Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	ER IN U.S. ARMED YES 2 X NO	If yes, sp	21213 CENOENT OF NISPAN Hectify Cuban, Maxical 3 2 (X) NO Specify			USA RACE — American Indian, Black, White, etc. Specify: BLACK		
t5. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed) College (1-4 or 5+)	Ille. Do NOT use	ork done during ma retired.)	ON ost of working	16b. KINO OF BU				
17. FATHER'S NAME (First, Middle, Lest)		INFA	N I	ts. MOTHER'S NAI	ME (First, Middle, Maiden	NA Sumame)			
HOWARD DIGGS				EDITH	KITTR	ALL			
t9a. INFORMANT'S NAME (Type/Print) EDITH KITTRALL					Route Number, City or Tow				
20e. METNOD OF DISPOSITION t) Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	other place)	b. PLACE OF DISPOSITION (Name of cometer); crematory of other place) MOUNT ZION CEMETERY			20c. LOCATION — City or Town, Stata LANSDOWNE, MD			
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Ce		ND ADDRESS OF FA	F/H 1101	E. NOR	TH AVENUE		
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finei disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF):									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
CAUSE (Disease or Injury that initiated events resulting in death) LAST d									
PART II. Other aignificent condition	ns contributing to dea	ith but not resulting l	n the underlyir	ng ceuse given in	Part I. 24a, WAS AP PERFO 1 YES	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? † YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: , , ,		26. F	LACE OF DEATH (Ch	eck only one)				
EXAMINER? XV YES 2 NO 27. MANNER OF CEATN	1 Inpatient 2 X ZEF	URY 26b. TIMI	4 Nursing Ho	JURY AT ORK?	26d. DESCRIBE HOW		- MOTHER ALLEG		
t Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF IN building, etc.	JURY — At home, farm, a		YES 2 NO	26f, LOCATION (Street City or Town, State	and Number of			
29e. CERTIFIER t CERTIFYING PNYS		knowledge, death occurre					cause(s) and menner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFIE	ER D	N		29c. LICENSE NUI		29d. DATE 8	3-6-90		
MARGARITA A. KOR	ELL,MD	ee (1		Street,	Baltimore,	MD 212	201 1		
MAR 09 1990	S 12 REDISTRIBUTE	A STATE OF THE STA							

	1. DECEDENT'S NAME (First, Middle, Lagt) DAM/EN	P. DE	HART			2. DATE OF DEATH	6	90	3. TIME OF DEATH		
,	4. SOCIAL SECURITY NUMBER 219-04-8973	5. SEX 6. AG		F UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	DH.	Countr			
	9a. FACILITY NAME (If not institution, give a			h CITY TOW	N DR LOCATION OF DEA	/-/0-	1 oc cour	D 40 YTK	ryland		
HO.	Mount Washington	and the second second				City	100	====			
DIRECTOR	10a, STATE 10b, CDUNT	Y =====		own or Lo				10d. INSIDE CITY LIMITS? 1 X YES 2 ND			
	100. STREET AND NUMBER Washing				101, ZIP CODE		10g, CITI	ZEN OF V	VHAT COUNTRY?		
FUNERAL	1708 Rogers	venue	ric Hospita	,1	21209		U	.S.A			
BY FU	11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FDRCES? 1 YE IF YES, GIVE WAR DE	S 2 ND	If you,	BECENDENT DF HISPANIC specify Cuban, Maxican, ES 2 NO Specify:		a or No—	Black, White, etc. Specify:			
	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S US	IIIAI OCCUB	TIDA	T 465 KIND OF BU	EMESS INC	V10.40V	White		
COMPLETED	(Specify only highest grade		(Give kind of wor life. Do NOT use	k done during retired.)	most of working	16b. KIND OF BU	SINESS/INC	лоти			
Child. 15. MOTHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname)											
BE CO	17. FATHER'S NAME (First, Middle, Last) Paul Kelly	7				e (First, Middle, Malder e Elizabe		Hart			
2	196. INFORMANT'S NAME (Type/Print)				et and Number or Rural Ro				0400/		
	Janice E. Sam		20b. PLACE OF DISPOSIT		Avenue B		Mary CATION -				
	1 N Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	other place)		orial Park				, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME	AND ADDRESS OF FACI	LITY					
	Honny M	Bramer	riski		orge J. Go: 01 Ritchie						
	23. PART I. Enter the diseeses of	complications that cau	sed the death. Do no						Approximata		
	shock, pr heart feilure. IMMEDIATE CAUSE (Finel	List only one cause of	esch lins.	_					Interval Between Onset and Death		
	disesse or condition resulting in death)	· Cere	leal 1	all.	4				6 pre		
		DUE TO (OR A	A CONSEQUENCE OF):	1					66.		
0	Sequentielly list conditions, if any, leading to immediate	b. DUE TO (OR A	S A CONSEQUENCE OF):	i i	S				32/2		
3	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	· ilen	trienta	13	Lent				6 yes		
	that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF)	1	/	-/			1		
CERTIFICATION	L	d. Jane	eventre	ular	dens	way	_		1 6 frs.		
- 1	PART II. Other significent condition	ns contributing to dest	h but not resulting in	the underl	ring cause given in F		N AUTOPSY RMED?	24t	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDICAL			-			1 □ YES	2 NO	- 1	COMPLETION OF CAUSE OF DEATH?		
						-			1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF OEATH (Chec	ck only one)					
S	EXAMINER? 1 YES 2 ND	HOSPITAL:		OTHER:	Iome 5 - Residence 6	Other (Specify)					
	27. MANNER OF OEATH Netural 5 Pending	28a. DATE DF INJUI (Month, Day, Yes	RY 28b. TIME	OF 26c.		28d. DESCRIBE HOW	INJURY OC	CURED	-		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicida detarmined	28e. PLACE OF INJ building, atc. (JRY — At home, farm, str Specify)			281. LOCATION (Street City or Town, State	and Number	r or Rural	Route Number,		
		100 AU V. 110 A				No. See her being	and the second	0.1			
COMPLETED	(Check only CEHTIFTING PHYS	ER: On the best of my ki							a) and manner as stated.		
BEC	29b. SIGNATURE AND TITLE DF CERTIFIE	R	MA		29c. LICENSE NUM	BER	29d. DAT	E SIGNED	(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE DE	DEATH (ITEM 27) (Type, F	rint)					110		
	AL DITE 51 50 (42 - 11 - 2 - 11 - 11	1	-								
	MAR 09 1990	Sile Dandoor	- HOHOLE								

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High Mary

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be a	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at	
that the death certificate be executed	ed by the attending physician and con	th and Mental Hyglene prior to burial,	any injury, or other traumatic er	
E HOSPITAL OR ATTENDING PHYSICIAN; The law requires	E FUNERAL DIRECTOR: After this certificate has been sign	d within 72 hours after death with the State Dept. of Heal	RTANT: It item 28 is marked, or item 23 shows	
TH CL	TO TH	be file	IMPO	

ADDRESS OF ZERSON WHO CO

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32/HEGIS PAR'S PONTON

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLA	ND / DEPAR					MENTAL	HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATN			3. TIME	OF DEATI	Н
	BETTY JO	0	D	OYLE					MAR		19	90	600	PM	М
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. lest birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH 6. BIRTHPLAC				State or For	reign	
	421-30-5620	1 🗌 M 2 💢 F	60	O YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year)	220	A 1 -	y) abam	2	
	9a. FACILITY NAME (If not institution, give s	treet and number)	1 00	U	9b. CITY	TOWN C	R LOCATI	ON OF DE						a	1. 1
œ	100000000000000000000000000000000000000											A. C		v	
6	NORTH ARUNDEL HOS	SPITAL			GLE	EIN D	URNI.	C			P. I	1. U	JOINT	1	
DIRECTOR	10e. STATE 10b. COUNTY													SIDE CITY	
품	Maryland Ann	P	asade	na								ES 2XX	NO		
	10e. STREET AND NUMBER		-				. ZIP COD	E	10g. CITIZEN OF				WHAT CO	UNTRY?	
FUNERAL	3558 Brickwall				211	22				USA					
Ž	11. MARITAL STATUS	U.S. ARMED	13.	WAS DEC			NIC ORIGIN	? (Specify Yes	_	14. RACI	E Ame	ricen India	in,		
피	1 Naver Married 2 Married	FORCES?				If yes, sp		ın, Mexica	in, Puerto F			Speci	k, White,	etc.	
B	3 Widowed 4 XXDivorced	163		1 📙 169	220 NO	Specif	у.			apec		Thite			
2	15. DECEDENT'S EDU		T	16a. DECEDENT'S	USUAL O	CCUPATIO	ON	_	18b.	KIND OF BUS	SINESS/INI	DUSTRY			
Ð	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of Ille. Do NOT u	work done (se retired.)	during mo	ast of world	ng							
(a)	12th	None		Warehou	se Cl	lerk				landle	man	Comp	anv		
2	17. FATHER'S NAME (First, Middle, Last)	HOILE						NER'S NA	_	liddle, Maiden					
0	J. D.		Но	bbie			Ma	mie		Lou		Rai	nes		
BE	19a. INFORMANT'S NAME (Type/Print)				ADDRESS	S (Street a	and Numbe	r or Rural	Floute Numb		n, State, Zij				
임	199. INFORMANT'S NAME (TyperPrint) 190. INFORMANT'S NAME (TyperPr														
	20g. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State														
	1 Buriel 2 □ Cremetion 3 □ Rem □ Donation 5 □ Other (Specify)	oval from State		leadowri					k					land	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	<u> </u>	ica aowi i	$\overline{}$		NO ADDRE			11.	REEG	50,	ilu I	Tullu	
	CX Socare	D 1/	1-1	as /	S	INGL	ETON	FUN	ERAL	HOME					
	1 SECOND AVE. S.W., GLEN BURNIE, MD 21061														
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, shock, or heart failure. List only one cause on each line. Approximate interval Between														
	IMMEDIATE CAUSE (Final														
	disease or condition resulting in death) . Metastatic Small Cell LUNG CARCINOMA!										(vo)	ar			
	resulting in death)	DUE TO	OR AS A	CONSEQUENCE O	F):									7	
Z	Sequentially list conditions, Due to (or as a consequence of):														
은	Sequentially list conditions, if any, leading to immediate			1				13							
S	ceuse. Enter UNDERLYING CAUSE (Disease or injury	· Kes	Q310	CONSEQUENCE O	ail us	9	SEC	orde	nto						
띮	that initiated events	DUE TO	O OR AS A	CONSEQUÊNCE O	r):				1.		0		-		
CERTIFICATION	resulting in deeth) LAST	d	5	small 1	Gell	Car	CID	un of	the	CUN	-		-		
	PART II. Other significant condition	na contributing to	o death bu	ut not resulting	in the ur	nderfyln	g cause	given in	Part I.	24a, WAS AN	AUTOPSY	248	. WERE	AUTOPSY FI	INDINGS
CAL		_								PERFO				BLE PRIOR ETION OF C	
MEDIC									_	1 TYES 2	SKNO		OF DEA		
									— 1				1 🗌 Y	ES 2	NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO NO NO NO NO NO NO															
YS	1 YES 2 NO	1) Supportion 2						lesidence	6 Othe						
H	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE O (Month,	Day, Year)	28b. Til	AE OF JURY	W	JURY AT DRK?		26d. DES	CRIBE NOW	INJURY O	CURED			
В	2 Accident Investigation M 1 YES 2 NO														
	1 268. PLACE OF INJURY — At home, farm, street, factory, office 1 261. LUCATION (Street and Number of Filling House Number,														
ETE	4 Homicide determined														
PLI	29s. CERTIFIER (Check only (Ch														
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.														
U U	296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)														
00	Tussell & Lew 11/2 D31551 1 3/8/90														
5	9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAMSS OF DEATH (ITEM 27) (King, Print)														

S. HANOVER STREET

BALTIMORE,

MARYAND

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The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Imperimental Progress prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam
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5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

notified at once.

MARYLAND 21203-3146 retained by the hospital or attending physician.

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGI REG.						
	1. DECEDENT'S NAME (First, Middle, Last) TRENE	DORSEY				2. DATE OF DEATH		AR .	TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 215-18-3390	5. SEX 1 M 2 F	in yrs. lest birthday) 67 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 9-2-	7) - (BIRTHPLA Country)	CE (State or Foreign			
TOR		treet end number)	TEC		IMORE	, MD	9c. COUNTY		TVLE			
DIRECTOR	100. STATE 10b. COUNTY	ſ	10c. CITY			I. INSIDE CITY LIMITS? YES 2 NO						
FUNERAL I	100. STREET AND NUMBER POW	hattan,	Que Pue		10g. CITIZEN		_					
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexica 2 NO Specify	IIC ORIGIN? (Specify n, Puerto Rican, atc.		RACE — Black, WI Specify:	American Indian, nite, etc.			
COMPLETED												
BE COM	17. FATHER'S NAME (First, Middle, Last) NA 18. MOTHER'S NAME (First, Middle, Melden Surname) Maude Seter											
101	190. MAJENBANT'S NAME (Type/Print) 190. MAJENG ADDRESS (Streat and Number or Peural Pourle Number, City or Town, State, Zip Code) 3306 Powhattan the Batto Md 2/2/16											
	20s_METHOD OF DISPOSITION 1 & Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20s. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20s. DEPOSITION (Name of cemetery, crematory or other place) 20s. DEPOSITION (Name of cemetery, crematory or other place) 20s. DEPOSITION (Name of cemetery, crematory or other place) 20s. DEPOSITION (Name of cemetery, crematory or other place) 20s. DEPOSITION (Name of cemetery, crematory or other place) 20s. DEPOSITION (Name of cemetery, crematory or other place) 20s. DEPOSITION (Name of cemetery, crematory or other place) 20s. DEPOSITION (Name of cemetery, crematory or other place) 20s. DEPOSITION (Name of cemetery, crematory or other place)											
	21. SIGNATURE OF FUNDINAL SERVICE LIC	Marci	Ł.	May	CAFAIC	West Valoash	Ave					
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final	complications that caused List only one cause on e		ot anter the mo	de of dying, suc	h aa cardiac or n	eapiretory arrest		Approximate interval Between Onset and Death			
	disease or condition resulting in death)	or condition										
TION	Sequentially list conditions, if any, leading to immediate											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other algnificant condition	a contributing to death b	out not resulting i	n the underlyin	g cause given in		S AN AUTOPSY NFORMED?	AMI	RE AUTOPSY FINDINGS MLABLE PRIOR TO			
PHYSICIAN: MEDICAL						1 🗆 YE	S 2 (1)	OF	MPLETION OF CAUSE DEATH? YES 2 40			
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL:		28. PI	ACE OF OEATH (Ch	eck only one)						
PHYS	1 YES 2 GATO 27. MANNER OP DEATH 1 Westural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b, TIM	E OF 28c. INJ	URY AT	8 Other (Specify) 28d. DESCRIBE H	OW INJURY OCCUR	ED				
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	/ — At home, farm, s		YES 2 NO	28f. LOCATION (St City or Town, S	reet end Number or I Itale)	Rural Route	Number,			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.											
BE	296. SIGNATURE AND TITLE OF CERTIFIE	R	House P	1	29c. LICENSE NUI		29d. DATE SI		onth, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF OR		Print)		ENTER						
	31. OATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN		1.160	Cric Co	JULE IC	10110		ريا ال			
للسا	MAR 09 1990 9	and annotation . al.										

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FOR STATE REGISTRAR

MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF D				3. TIME OF DEATH
	Raymond D	onelso	n							MONTH -	O	7	90	11 53 Am
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER	1 YEAR		R 24 HRS.	7. DATE OF B	IRTH Weet		8. BIRTHP	LACE (State or Foreign
	213-32-613	3	1 🔀 M 2 🗌 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	6/18/				timore,Md.
_	90. FACILITY NAME (If not in	atitution, give at	reet and number)			9b, CITY	, TOWN	R LOCATI	ION OF DE	ATH		9c. COU	NTY OF DE	HTA
0 B	Broadmead					Cockeysville					Bal	timo	re	
DIRECTOR	RESIDENCE OF DEC	10b, COUNTY			10c. CI1	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
DIR.	Md.	Balt	imore		Co	ckey	svil	1e						LIMITS? 1 YES 2 X NO
	10a. STREET AND NUMBER							. ZIP COD	E		T	10g. CIT	_	HAT COUNTRY?
ER	13801 York	Road						2103	30		1	US	SA	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A				ENDENT	OF HISPAN	IC ORIGIN? (Sp			14. RACE	- American Indian, White, etc.
ВУ Р	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE W	JNO				Specify		, atts.)		Specify	White	
	Cross	EDENT'S EDUC	CATION	40. 0	POEDENTI	l lieuw o	COLIBATO	201		T and Man	0.05.01101	NEGOW		MILLE
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5 +) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) EDUCATION 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)								166. KINI	D OF BUSI	MESS/INI	DUSTRY			
OM	17. FATHER'S NAME (First, M	liddle, Last)						18. MOT	HER'S NA	ME (First, Middle	e, Meiden S	Surname)		
BE C	Frank Nelso	n Done	lson					Ca	arrie	Ameli	a			
TO B	190. INFORMANT'S NAME (Type/Print)			196, MAILIN	ADDRES	S (Street	nd Numbe	er or Rural F	Route Number, C	ity or Town,	State, Zi	p Code)	
F	ROGER BOLLE	RMAN			926 I	Dune]	len	RD.	, BAI	TISMOR	RE, M	D.	2120	4
	20e. METHOD OF DISPOSIT 1 Buriel 2 Cremetto		ovel from State	20b. PLAC other	E OF DISPO	SITION (N	ame of ce	metery, crea	matory or		20c. LOC	ATION —	City or Tow	vn, Btate
	4X Donation 5 ☐ Other 21, SIGNATURE OF FURE DA			_	-20	T								
	21. SIGNATURE OF FURTHER	L SERVICE LIC	A ./ L	3-8.	-90	22. NAME AND ADDRESS OF FACILITY								
	Juni	ull.	11 alu	le		5	STAT	E ANA	ATOMY	BOARD	, BA	LTO.	, MD	. 21201
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate interval Between													
	disease or condition													
	DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list condit		DUE TO	(OR AS A CONS	EOUENCE (OF):								
CAT	If any, leeding to imme	ING	6.											
E	CAUSE (Disesse or Injuthat Initiated events		DUE TO	(OR AS A CONS	EOUENCE (PF):								
ER	resulting in death) LAS	" (d											
	PART il. Other significe	ent condition	a contributing to	death but no	t repulting	In the U	nderlyln	g cause	given in	Part I. 24a	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
MEDICAL		cale	e Dru			me			-		PERFORI			AMAILABLE PRIOR TO COMPLETION OF CAUSE
E	Kronie	Ac	line	Re	sa	Lu	7	11	- 13	_ ''	1	X		OF DEATH? 1 YES 2 NO
-							·			- 1				
A	25. WAS CASE REFERRED T	O MEDICAL						LACE OF I	DEATH (Ch	eck only one)				
PHYSICIAN:	1 YES 2 NO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	QTHE 4X Nu	R: rsing Hor	10 5 🗆 R	Residence	6 Other (Sp	ecify)			
FH	27. MANNER OF DEATH	00.000	26e. DATE OF (Month, E	INJURY Pay, Year)	28b. TII	WE OF		JURY AT		28d. DESCRIE	BE HOW IN	JURY O	CCURED	
BY	1 Netural 5 Accident	Pending Investigation				M		YES 2	□ NO					
60	3 Suicide 6 S	Could not be determined	28e. PLACE C building,	of Injury - At etc. (Specify)	home, farm,	street, fed	tory, offic	10		28f. LOCATIO C/ty or To	N (Street or wn, State)	nd Numbe	or or Rural A	oute Number,
		Geternin/led												
COMPLET	10.100.11 01.11		CIAN: To the best of											
00	2 MED			xemination end/o	or Investigat	ion, in my	opinion,	Seath occu	ured at the	time, date and	place, and	due to t	the cause(e)	and manner ee stated.
BE	29b, SIGNATIONE AND TOCK	OF CERTIFIES	200	_ 57	THE	FN	D	29c. LIC	CENSE NUM	IBER	7	29d. DA	TE SIGNED	(Month, Day, Year)
2	7/10	nzi	wy					1	00	60	\angle		5/	1170
	30. NAME AND ADDRESS O	17 DO	O COMPLETED CAU	SE OF DEATH (IT	т ЕМ 27) (Тур	e, Print)	72	DA.	22	MER	27)		
	31. DATE FILED (Month, Day,	Vent)	32 BEGISTE	AR'S SIGNATURE			01	\U/	TU	MEF	1 6	_		
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	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	I HYGIENE		0 00135				
	1 - STATE CERTIFICATE OF DEATH	REG. NO.						
	MONT	E OF DEATH TH DAY	165	AR 3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F P P P P P P P P P P P P P P P P P P	OF BIRTH	8. 8	NATHPLACE (State or Foreign Country) Lithuania				
OR	BETHESDA RETIREMENT CHEVY CHASE		9c. COUNTY	ONTGOMERY				
DIRECTOR	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION Washington			10d. INSIDE CITY LIMITS? XX YES 2 NO				
FUNERAL	100. STREET AND NUMBER 3540 Brandywine Street. N. W. 20008	109. CITIZEN OF WHAT COUNTRY? United States						
BY	11. MARITAL STATUS 1	IN? (Specify Yes of Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) 8 years 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOUS CWULS C	Own Ho	NESS/INDUST					
BE COM	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Leah Asc.) Leah Asc.	Surname)						
TO B	196. INFORMANT'S NAME (TyperPrint) Rae D. Shapiro 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 200. METHOD OF DISPOSITION 1206. PLACE OF DISPOSITION (Name of cometery, cremetory or Competer State) 1206. PLACE OF DISPOSITION (Name of cometery, cremetory or Competer State) 1206. PLACE OF DISPOSITION (Name of cometery, cremetory or Competer State) 1207. PLACE OF DISPOSITION (Name of cometery, cremetory or Competer State) 1208. PLACE OF DISPOSITION (Name of cometery, cremetory or Competer State) 1209. PLACE OF DISPOSITION (Name of cometery, cremetory or Competer State) 1209. PLACE OF DISPOSITION (Name of cometery, cremetory or Competer State) 1209. PLACE OF DISPOSITION (Name of cometery, cremetory or Competer State) 1209. PLACE OF DISPOSITION (Name of cometery, cremetory or Competer State) 1209. PLACE OF DISPOSITION (Name of cometery, cremetory or Competer State) 1209. PLACE OF DISPOSITION (Name of cometery, cremetory or Competer State) 1209. PLACE OF DISPOSITION (Name of cometery, cremetory or Competer State) 1209. PLACE OF DISPOSITION (Name of cometery, cremetory or Competer State) 1209. PLACE OF DISPOSITION (Name of cometery, cremetory or Competer State) 1209. PLACE OF DISPOSITION (Name of cometery, cremetory or Competer State)							
-	20e. METHOD OF DISPOSITION 1X Burlei 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) — Ones Sholom Talmud Torah Congleting Congression of the place of the pla	Cenertos	yion - city Wa	or Town, State Shington, DC				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE DONALD M. STEIN HEI 22. NAME AND ADDRESS OF FACILITY DONALD M. STEIN HEI 232 CARROLL STREET	BREW ME	MORIAL					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition CAS) and CAS A CA							
z	a. Carding out money Arrest Due to lor as a consequence op: Sequentially list conditions, DUE TO LOR AS A CONSEQUENCE OP:							
CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury							
CERTIF	that initiated events resulting in death) LAST d.							
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I.	24a. WAS AN / PERFORI 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
AN: M	1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)							
SIC	EXAMINER? HOSPITAL: QTHER:							
4	The state of the s	er (Specify)	LIURY OCCUP	FO				
BY PI	Netural 5 Pending (Month, Day, Year) INJURY WORK? 1 YES 2 NO	EQUIDE HOW III						
		CATION (Street a ty or Town, State)	nd Number or F	itural Route Number,				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the companies of medical examiners on the basic of examination and/or investigation, in my opinion, death occurred at the time, date			use(s) and manner ee stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER			GNED (Month, Day, Year)				
TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		▶ つ	799				
	The state of the s							

32. REGISTRAR'S SIGNATURE
Selia Davidson-Handage

31. DATE FILED (MONTH, Day, Year)

MAR 09 1990

FOR STATE REGISTRAR

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detached for use as the burial-transit permit. Pages 1, 2, 3 should

at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 m and THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremetion, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must

MAR 0 9 1990

32 REGISTRAPI'S SIGNATURE

- 1	1. DECEDENT'S NAME (First, Middle, Last) James Allen DeBarr							2. DATE OF DEATH MATCH 7, 1990 YEAR 7:00 P							
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YE	AR IF UNDER	24 HRS.	7. DATE OF BIRTH 8. 8		a, BIRTI	BIRTHPLACE (State or Foreign				
	236-03-4087	17∰7M 2 □ F	76		ONTHS DA		MIN.	NOV . 29	hr)	Count	T VIRGINIA				
ļ	9a. FACILITY NAME (If not institution, give st	reet and number)		0	9b. CITY, TO	VN OR LOCATION	ON OF DEA		-	INTY OF C					
٣ ا	1127 QUANTRAIL	WAY			Е	ALTIMO	RE C	ITY							
Ĕ	RESIDENCE OF DECEDENT														
DIRECTOR	10e. STATE 10b. COUNTY			10c. CITY,	TOWN OR L	CATION					10d, INSIDE CITY LIMITS?				
- 1	MARYLAND				BALI	IMORE					1 K YES 2 NO				
FUNERAL	100. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZEN OF WHAT O						
	1127 QUANTRAIL WAY					212				. S.					
	11. MARITAL STATUS 1 Never Married XX Married	12. WAS DECEDENT FORCES? 1X	EYER IN U.S. ARI	MED IO				C ORIGIN? (Specis Puerto Rican, ato		14. RAC Blac	E — American Indian, k, White, atc.				
B	3 Widowed 4 Divorced	IF YES, GIVE WA	WII		1 TES 2 NO Specify:					Spec	"y:WHITE				
	15. DECEDENT'S EDUC (Specify only highest grade				ISUAL OCCUI	PATION most of working	10	16b. KIND O	F BUSINESS/IN	DUSTRY					
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT use	retired.)			JOHNS	HOPKI	NS HO	SPITAL				
₫	NA	NA		PAINT	TER										
COMPLET	17. FATHER'S NAME (First, Middle, Last)					16. MOT	HER'S NAM	IE (First, Middle, M.	siden Surname)						
BE	JAMES DEBARR							Y ALFREI							
<u> </u>	19a. INFORMANT'S NAME (Type/Print)		198					oute Number, City of			005				
	DAISY DEBARR							BALTIMO							
	20s. METHOD OF DISPOSITION [XXBurial 2 Cremation 3 Rem	oval from State	icel	SPOSITION (Name of cometery, crametery or Partial RESTLAWN CEMETERY BALTIMORE, MD.											
1	4 Donation 5 Other (Specify)	CRES	_	E AND ADDRE			ALIIM	JRE,	riD.						
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	Eugene }	-	no p	_	333	1 BREH	MS LA	ANE, BAI	TIMOR	E. MI	21213				
	23. PART I. Enter the disasses, or of shock, or heart failure.	complications that List only one caus	caused the da	eth. Do no	ot entar the	mode of dy	ing, such	es cerdiec or	respiratory e	rrest,	Approximate Interval Batween				
ŀ	IMMEDIATE CAUSE (Final	V0				10.00					Onset and Death				
	disease or condition resulting in deeth)	ILMONARY ARREST													
	DUE TO (OR AS A CONSEQUENCE OF): METASTATIC MELANDINA - BRAIN, LUINGS, LIVER.														
	Convertielly, that conditions 0.														
N O	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):										İ				
ATION	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO (S cause, Enter UNDERLYING c.								
FICATION	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Diseasa or injury	с	OR AS A CONSEC	DUENCE OF)):										
RTIFICATION	If any, leading to immediata cause. Enter UNDERLYING	с		DUENCE OF)):										
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_	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO (OR AS A CONSEC			lying cause	given in F		IS AN AUTOPS'	7 24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

28	90		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 drs after death. Page 6 ghay be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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	fille	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	9
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FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM				HYGIENE REG. NO.			
DECEDENT'S NAME (First, Middle, Last) DON	FARL	EY	REAVES	5	2. DATE OF MONTH	FOEATH DAY	YEA	1	ME OF CEATN :10AM M
4. SOCIAL SECURITY NUMBER 251-58-0598	1 ⋈ м 2 □ F 5	4 YRS.	HITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, 1)	735	Co	untry)	E (State or Foreign SC
90. FACILITY NAME (If not Institution, give st UNION HOSPITAL OF RESIDENCE OF DECEMENT				KTON	EATN		CECIL		VTY
10e. STATE 10b. COUNTY	180. CITY, TOWN DR LOCATION BALTIMORE							==0	INSIDE CITY LIMITS? YES 2 NO
1630 E. BIDDLE			10	21213		10g. CITIZEN OF WNAT COUNTRY?			
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	CENDENT OF HISPAN pecify Cuban, Mexica 2 X ND Specifi					mericen Indien, ta, atc.		
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5+)	186. KIND DF BUSINESS/INDUSTRY							
17. FATNER'S NAME (First, Middle, Last)	REAVES	ME (First, Mic	ddle, Meiden St						
19e. INFORMANT'S NAME (Type/Print) LETTIE REAVES	ORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)							2121	
20a, METHDD OF DISPOSITION 1 A Burlet 2 Cremetion 3 Removal from State 4 Donatton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20a, METHDD OF DISPOSITION (Name of cemetery, cremetory or BALTIMORE, MD 20b, PLACE OF DISPOSITION (Name of cemetery, cremetory or BALTIMORE, MD 20c. LOCATION — City or Town, State BALTIMORE, MD							itate		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH F/H 1101 E. NORTH AVENUE								ENUE	
23. PART I. Enter the diseases, or on shock, pr heart failure. I iMMEDIATE CAUSE (Final disease pr condition resulting in deeth)	List only one cause on e	sch line.	enter the m	ooe of dying, suc	ill as Cardia	sc or respire	nory strest,		Approximate Interval Between Onset and Death
Sequentisity list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in desth) LAST b. DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE DF):									
PART II. Other significent condition	PERFORMED? XX YES 2 □ ND						CON DF I	LABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	LACE OF DEATH (C)					
27. MANNER OF DEATH 1 Natural 5 Pending XXX/ccident Investigation	28a. OATE OF INJURY (Month, Day, Year) 3-6-90	28b. TIME (INJUR	OF 28c. IN W W	JURY AT ORK? YES 2 AND	28d. DESC	RIBE HOW IN	Dick-u		actor tra
	building, etc. (Spe	R	oad		US Rt	Town, State)	Roger	Road	. Cecil C
One) MEDICAL EXAMINE 292 STONATURE AND TOLS OF CENTIFIE	R: On the basia of examination	on end/or investigation,	In my opinion,	29c. LICENSE NU	MBER	and place, end	29d. DATE SID		nth, Day, Year)
JE HAME AND ADDRESS OF PERSON WH FRANK PERETTI, MD				reet.Ball	-imore	2 MD 2	1201		VC
MAR 09 1990	ful Davidson R	VATUE DE				A 1-11, 1			

OF VITAL RECORDS, P.O. BOX 13146,

DIVISION

THE HOSPITAL OR ATTENDING F THE FUNERAL DIRECTOR: After I filed within 72 hours after death

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IMPORTANT: If

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29b. SIGNATURE AND TITLE OF CERTIFIES

Medica

30, NAME AND ADDRESS OF PERSON

31. DATE FILED (NO MAR

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE

permit. Pages 1, 2, 3 should

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	event, the medical examiner must be notified at once.
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90 06138 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH 4 3 Fig UEROG 7. DATE OF BIRTH (Mgnth, Day, Year 6. AGE (In yrs. last birthday) S. BIRTHPLACE (S IF UNDER I YEAR IF UNDER 24 HRS. te or Foreigi th, Day, Year 1 M 2 F YRS 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR IMERE RESIDENCE OF DECEDEN 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION HIMLOKE FUNERAL 10s. STREET AND NUMBER 101. ZIP CODE 2121 11. MARITAL STATUS WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE Black, 1 Never Merried 2 Married
3 Widowed 4 Divorced If yes, specify-Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES BY COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) BE 19b. MAILING ADDRESS (SH 2 20e. MPTHOD OF DISPOSITION
1 Suriel 2 Cremation 3 Removal from State 4 ☐ Donation S ☐ Other (Specify) 21. SHD TUBE OF FUNERAL SERVICE LICENSEE 2 23. PAGY L Enter the Assasses, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest **Approximate** ahock, or heart failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) h 100 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate Clubra cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? **AVAILABLE PRIOR TO** COMPLETION OF CAUSE YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 TES 2 NO Inpetient 2 ER/Outpetient 3 DDA 6 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident S Pending М 1 YES 2 NO BY Investigation 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide S Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besid of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(a) and menner ee stated.

29d. DATE SIGNED (Month, Day, Year)

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 29-mours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or remuse	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
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	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND A		TMENT O				MEN	TAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)									ATE OF DEATH			3. TIME OF OEATH	
	Josephine A.	Ferracci							Ma	arch 7, 1	990	YEAR	4:30 AM M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Ia	st birthday)	IF UNDER 1 Y		IF UNDER		7, D	7, DATE OF BIRTH 6, BIRTNE			NPLACE (State or Foreign	
	213-18-1893	1 🗆 M 2 💢 F	69	YRS.	MONTHS D	AY8	HOURS	MIN.		nch 19.	1020	920 Maryland		
	9e. FACILITY NAME (If not institution, give s	treet end number)								INTY OF E				
E	6012Plumon Avanua				Ral	tim	nne				Ci	ty		
18	6012Plumer Avenue									1 0109				
DIRECTOR	10e. STATE 10b. COUNTY	10c. Cl			Y, TOWN OR L	OCATIO	ON					10d. INSIDE CITY LIMITS?		
	Maryland	Ba			altimo	re	City			1			1 X YES 2 NO	
AL		10e. STREET AND NUMBER				101.	ZIP CODE				10g. Cl	WHAT COUNTRY?		
FUNERAL	6012 Plumer Ave.						212	06			U	S.A.		
5	11. MARITAL STATUS	12. WAS OECEDEN	T EVER IN U.S. AI		13. WAS	DECE	NOENT O	F NISPAN	IIC OF	RIGIN? (Specify Y	ee or No-	14. RAC Blac	E — American Indian, k, White, atc.	
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE V					2 X NO			,		Spec	White	
		l 	1										WILLE	
	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. D	Sive kind of	work done duri se retired.)	ng mos	N it of working	9		16b. KIND OF B	USINESS/IN	DUSTRY		
빌	Elementary/Secondary (0-12)	College (1-4 or 5	+)						- 1					
COMPLETED	8 th 17. FATNER'S NAME (First, Middle, Lest)			ousev	vite	_	40 14071	IEDIO MA	WE (C	īrst, Middle, Meide				
1 1									•	irat, Middle, Melde				
BE	Salvatore (190. INFORMANT'S NAME (Type/Print)	Coppolino		N	A A A A A A A A A A A A A A A A A A A			Mary		Alumba Chara T		nza		
2	Mrs. Mary Lou Dix	19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) XON Same as #10												
										own State				
	20g. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rem 4 Oonation 5 Other (Specify)	oval from Stele	other p	ens (3/1)			LIVE LINE	24 (9) (8)	
	21. SIGNATURE OF FUNERAL SERVICE LIG	CENSEE D1					D ADDRES				ltim			
1	· Q n D11	Paul	4. HArtso	ck,Jr									21214	
	Tau Licker	DER X	Z.										ford Rd.	
	23. PART i. Enter the diseases, or ahock, or heart failure.				not antar th	a mod	da of dyl	ng, suc	h aa	cardiac or rea	piratory a	rrest,	Approximata Intarval Between	
	IMMEDIATE CAUSE (Final	m-			0		1						Onset and Death	
	diagasa or condition resulting in death)	a. ///6	TASTAT	TIC I	DREA	ST		PNO	08	?				
		DUE TO	(OR AS A CONS	QUENCE (OF):									
NO	Sequentially list conditions,	b. DHE TO	(OR AS A CONS	OHENCE (NE).									
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윤	CAUSE (Disease or injury that initiated events	C. DUE TO	(OR AS A CONSI	OUENCE C	OF):								+	
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AL.	PART II. Other algnificant condition	na contributing to	daath but not	reaulting	in the unda	riying	cauaa g	givan In	Part		N AUTOPS	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
EDIC										1 🗀 YES	2 NO		COMPLETION OF CAUSE OF DEATH?	
MEC											/(1 YES 2 NO	
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				T	28. PL	ACE OF D	EATN (Ch	eck or	nly one)				
Sic	1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:	д Ноты	5 K Re	sidence	6 🗆	Other (Specify)				
듄	27. MANNER OF DEATH	28s. DATE OF	P INJURY Day: Year)	28b. Til	ME OF 26		URY AT		28d	. DESCRIBE HOV	INJURY O	CCURED		
1 Netural 5 Pending Investigation Investigation Investigation														
ED E	3 Suicide 8 Could not be	28e. PLACE (building	of INJURY — At I	ome, farm,	street, factory	, office			28t.	LOCATION (Stree City or Town, Ste		er or Rural	Route Number,	
	4 Homicide determined													
OMPLET	Under only	ICIAN: To the best o	f my knowledge, o	leath occur	red at the time	, dete	end plece	, end due	to th	e cause(s) end n	senner as s	inted.		
OM	ana!	ER: On the basis of	examination end/o	r investigat	ion, in my opir	nion, de	eath occur	red at the	time,	date end place,	end due to	the ceuse	(e) and manner as stated,	
EC	295. SIGNATURE AND TITLE OF CERTIFIE	0		71 1	,		299 LICI	ENSE NUI	MBER	(-سر	29d. D/	TE SIGNS	D. Mayor Offermany	
0	Michael	luctu	up	MD	,		DE	53.	5	5/	•	3/	1/4//	
2	30, NAME AND ADDRESS OF PERSON WI	O COMPLETED CAL	ISE OF DEATH (IT	FM 27) (%r	a Print)			-	_			7	7	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Michael Auerbach MD Franklin Square Hospital Rossville, Maryland

32. REGISTRAR'S SIGNATURE

Julia Davidson Randon

notified at once.

FOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral officers.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner n	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH MONTH 3. THE OF DEATH MONTH 3. THE OF DEATH MONTH 3. THE OF DEATH MONTH 3. THE OF DEATH MONTH 3. THE OF DEATH MONTH MONTH 3. THE OF DEATH MONTH							
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 DAYS 1 D							
Œ	9e. FACILITY NAME (If not institution give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
CTO	RESIDENCE OF DECEDENT							
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 \(\subseteq NO							
FUNERAL	5257 Darien Road 21206 10g. CITIZEN OF WHAT COUNTRY?							
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 14. RACE — American Indian, 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— 16. RACE — American Indian, 17. Was December of Hispanic Origin? (Specify Yee or No— 18. Was December of Hispanic Origin? (Specify Yee or No— 19. Was December of Hispanic Origin? (Specify Yee or No— 10. Was December of Hispanic Origin? (Specify Yee or No— 11. Was December of Hispanic Origin? (Specify Yee or No— 12. Was December of Hispanic Origin? (Specify Yee or No— 13. Was December of Hispanic Origin? (Specify Yee or No— 14. RACE — American Indian, 15. Was December of Hispanic Origin? (Specify Yee or No— 16. RACE — American Indian, 17. Was December of Hispanic Origin? (Specify Yee or No— 18. RACE — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — American Indian, 19. Race — Amer							
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	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) May Lace							
TO BE	19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City of Town, State, Zip Code) Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Color of the Colo							
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	4 Doneston 6 Other (Specify) MOUNT / ON CONTROL FAILS ADWNE, W.d. 21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY							
	&lades wared MMM. C. March F. H 1101 Fine							
	23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heert fellure. List only one cause on each fine.							
	IMMEDIATE CAUSE (Fins) disease or condition resulting in death) a. Resulting Faulure 2 to Freumonic. Onset and Death							
Z	Dehy ton 4 Hy go albunine mia.							
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING							
TIFIC	CAUSE (Disease or Injury that Initiated events resulting in death) LAST							
CER	a. /e/iii							
DICAL	PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF GAUSE							
MEDI	Lemature 1 yes 2 NO OF DEATH?							
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SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 1 Important 2 ER/Outbetlers 3 DOA A Minimum Norm 5 Residence 8 Other (Specific)							
PHYSICIAN: ME	1 YES 2 40 1 Impattent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY WORK? 28d. 0E\$CRIBE HOW INJURY OCCURED WORK?							
ВУ Б	1 Netural 5 Pending 2 Accident Investigation M 1 YES 2 NO							
ED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.							
BE CO	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (MONTH, Day, Year)							
TO B	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							
	FREDRIC SIRKIS MID. 7151 HOLABIRD ALE, BACTO, MD. 21222							
	31. DATE THER MOD 9 1990 July Deviden Ashare							



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

MARYLAND 21203-3146

		STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIR	9 ENE	0 06141
		1. DECEDENT'S NAME (First, Middle, Lest) Amos Garnett CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 3		3. TIME OF DEATH
1		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1 Whore 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Morit), Day, 16er, 17er, 1	115	BIRTHPLACE (State or Foreign Country)
	HOIS	Deaton Hospital + Marical Baltimore, md Wesidence of Decedent	9c. COUNTY	9
	DIRECTOR	10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10c. STREET AND NUMBER 10c. STREET AND NUMBER	10° CITIZEN	10d. INSIDE CITY LIMITS? 1 D YES 2 NO OF WHAT COUNTRY?
	FUNEHAL	10e. STREET AND NUMBER 10f. ZIP CODE 10f. ZIP CODE 10f. ZIP CODE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify	6	RACE American Indian.
1	à l	1 Prever Married 2 Married IF YES, GIVE WAR OR DATES If yes, specify Cuben Mexican, Puerto Rican, etc.) If yes, specify Cuben Mexican, Puerto Rican, etc.) If yes, specify Cuben Mexican, Puerto Rican, etc.) If yes, specify Cuben Mexican, Puerto Rican, etc.)	Black, White, etc.	
	COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) Cotlege (1-4 or 5 +) 18a. DECEDENT'S USUAL OCCUPATION (Ghe kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF	BUSINESS/INDUS	TRY
8	u I	17. FATHER'S NAME (First, Middle, Leet) Jenifer GARNEH Virginia	den Sumame)	mp
notifile	TOB	19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or 19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or 19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or 19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or 19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or 19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or 19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or 19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or 19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or 19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or 19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or 19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or 19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or 19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or 19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or 19b. MAILING ADDRESS (Street and Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of Rural Route Number of	TOWN, State, ZIP CO	110 Ind
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t, the med		immediate CAUSE (Finel disease or condition resulting in deeth) a. Sep5/5		Interval Between Oneet and Death
atic even	NO	Sequentially list conditions, oue to (or AS A consequence of): Decupitus Cus Due to (or As A consequence of):	2mo	
other traumatic event,	RTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		
ury, o	빙	CARDY II. Other classificant and illinos contributing to death but not contiling in the underlying course given in Deat I. Our	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
shows any	MEDICAL	Diasptes Mellitus	S 2 10 MO	COMPLETION OF CAUSE OF DEATH?
item 23 sl	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:		
ked, o	PHY	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 1 Netural 5 Pending		RED
28 Is	ETED BY	3 Suicide 8 Could not be building, atc. (Specify) 286. PLACE OF INJURY — At nome, farm, street, factory, office building, atc. (Specify)		Rurel Route Number,
= =	COMPLE	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place and place and place and place and place and place and place and place and place and place are also as a second at the time, data and place and place are also as a second at the time, data and place are also as a second at the time, data and place are also as a second at the time, data and place are also as a second at the time, data and place are also as a second at the time, data and place are also as a second at the time, data and place are also as a second at the time, data and place are also as a second at the time, data and place are also as a second at the time, data and place are also as a second at the time, data and place are also as a second at the time, data and place are also as a second at the time, data and place are also as a second at the time, data and place are also as a second at the time, data and place are also as a second at the time, data and place are also as a second at the time, data and place are also as a second at the time, data and place are also as a second at the time, data and place are also as a second at the time, data and place are also as a second at the time, data and place are also as a second at the time, data are also as a second at the time, data are also as a second at the time, data are also as a second at the time, data are also as a second at the time, data are also as a second at the time, data are also as a second at the time, data are also as a second at the time, data are also as a second at the time, data are also as a second at the time, data are also as a second at the time, data are also as a second at the time, data are also as a second at the time, data are also as a second at the time, data are also as a second at the time, data are also as a second at the time, data are also as a second at the time, data are also as a second at the time, data are also as a second at the time, data are also as a second at the tim		
E	TO BE	296. SIGNATURE AND TITLE OF MENTIFIER 11 (46 2.7	29d. DATE :	SIGNED (Month, Day, Year)

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

09 1990

22. REGISTRAR'S SIGNATURE

Sepsis

Dieter Melling

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1	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam
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DIVISION OF VITAL RECORDS, P.O. BOA 13148,	98	DIRE	hours	tem
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	FOR STATE REGISTRAR	TATE OF MARYLA	ND / DEPAR CERTIFI				MENTAL HYGIENI REG. NO.	E		00172
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TII	ME OF DEATH
1 3	MAITHEW	- HINES					MONTH DA	90	AR 2	735 04
	4. SOCIAL SECURITY NUMBER 5. S		yrs. last birthday)				7. DATE OF BIRTH	7	~	233 "
		8. AGE (III		IF UNDER	DAYS	HOURS MIN.	(Month, Day, Year)		Country)	(State or Foreign
	9a. FACILITY NAME (If not Institution, give street a	ind number)		9b. CITY,	TOWN O	LOCATION OF DE	HTA	9c. COUNTY	OF DEATH	
DIRECTOR	MINERGLAN MOSAL	TAL		301	711	OLE		614	Ma	É
	10a, STATE 10b, COUNTY		10c, CITY	r, TOWH O	R LOCATI	ON			10d.	INSIDE CITY
DIR	MO		BA	LIIA	rat	,				LIMITS? YES 2 NO
FUNERAL	10e. STREET AND NUMBER				101.	ZIP CODE		10g. CITIZEN	OF WHAT	COUNTRY?
E	410 W FAANICLIA	1 51				21701		us	N	
3	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN					IIC ORIGIN? (Specify Yea	or No- 14.	RACE - Ar	nerican Indian,
		FORCES? 1 X YES IF YES, GIVE WAR OR DAT				cify Cuban, Maxican 2 NO Specify	n, Puarto Rican, atc.)		Black, White Specify:	a, atc.
BY	3 Widowed 4 Divorced	IF 123, GIVE WAN ON DA!	ES		129	2 K NO Specify	•		Specify.	3
ED	15. DECEDENT'S EDUCATIO		18a. DECEDENT'S (Give kind of v	vork done o	CUPATIO	N t of working	18b. KIND OF BUS	SINESS/INDUST	TRY	
🖳		ellege (1-4 or 5+)	ille. Do NOT us	e retired.)						
교	6 yrs.	-								
once.	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)		
at o	JACK SMITH					GOLDIE	HINES			
B 6	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street ar		Route Number, City or Town	n, Stete, Zio Coi	del	
월		(con)								-
e pe	MACK WALLACE HINES (son) 4506 Fern Hill Ave., Baltimore, Md. 21215 20e. METHOD OF DISPOSITION 20e. PLACE OF DISPOSITION (Name of cometery, cremetory or 20e. LOCATION — City or Town, State									
examiner must be notified at once. TO BE COM	1 Burlet 2 Cremation 3 Removal from State other place) 4 🗵 Donation 5 Other (Specify)								or lown, Si	terte
<u>a</u>	21. SIGNATURE OF FUNERAL SERVICE LICENSE	H 0 2	Q ans	22.	NAME AN	D ADDRESS OF FA	CILITY			
[]	24.10	of here			n a m	E NNAMOM	Y BOARD, B	AT IIIO	MD	21201
	January 1	Mille								21201
or other traumatic event, the medical	23. PART /. Enter the diseases, or comp shock, or heert fellure. List			ot enter	the mod	de of dying, suc	h as cerdiec or reapi	ratory arrest		Approximate Interval Between
Ĕ	IMMEDIATE CAUSE (Fine)	only one seems on co	ort title.							Onset and Daath
th th	disease or condition	AMMINED	101 (0)	1010	(0	MAFST				
ent,	resulting in daeth) s	DUE TO (OR AS A	CONSEQUENCE OF	F):	- V	10.000				
2 -	DUE TO (ON AS A CONSEQUENCE OF):									
D at	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):									
AT A	If eny, laeding to immediata cause. Enter UNDERLYING	•		•						
를 입	CAUSE (Disease or Injury \$ c	DUE TO (OR AS A	CONSEQUENCE OF	FI:						
a E	that initiated events resulting in death) LAST									
ry, or other traumatic	d								- +	
injury.	PART II. Other significant conditions co	entributing to death bu	t not resulting	in the un	derlying	ceuse given in			24b. WERI	E AUTOPSY FINDINGS
	LONG CTIVE LEGAT	KA: LINE					PERFOR			ABLE PRIOR TO PLETION OF CAUSE
EDI EDI	CHICKLE FEBRE IN	MICHIE					1 _ YES 2	□ NO	OF D	EATH?
2 Σ	CHACNIC GENOLIN	CHIFICLEND	4						1 🗆	YES 2 NO
AN:			/							
A A	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEATH (Ch	eck only one)			
SICI/	100	OSPITAL: Inpetient 2 ER/Outpe	itlant 3 🗆 DOA	OTHER		o 5 ☐ Realdenca	8 Other (Specify)			
	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM		28c. INJ		28d. DESCRIBE HOW I	NJURY OCCUP	RED	
	1. Natural 5 Pending	(Month, Day, Year)	IN.	IURY M		RK? ZES 2 NO				
	2 Accident Investigation	28a. PLACE OF INJURY	- At home ferm	street feet			28f. LOCATION (Street	and Number ~	Rural Boute	Number
28 is TED	3 Suicide S Could not be 4 Homicide datarmined	building, etc. (Specia	fy)		,, 011101		City or Town, State)		at a report of	
21										
MPL MPL	CHOCK ON	: To the best of my knowle	odge, death occurr	ed at the t	ime, date	and place, and due	to the cause(a) and me	nner aa stated.		
IMPORTANT: If Item O BE COMPLE	one) 2 MEDICAL EXAMINER: O	n the basis of axamination	and/or investigation	on, In my o	pinion, d	eath occured at the	time, date and place, ar	nd due to the c	euse(a) end	manner ea stated.
CO	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUI	MBER	29d. DATE S	IGNED (Mon	th, Day, Year)
E H	S()					03780		> ×	7 31	2)
₹ 2	30, NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Time	Print)		V710	14	J.	1.17	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)
MAR 091990

METHIORE, MARYLAND 21203-3146	6 may he retained by the hospital or attending physician.	cting #90= 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	must be notified at once.
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-	hours men	or remain	medical
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours men per a set in retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the transport of control and the first with the State Dect. of Health and Mental Hygiene prior to burial, cremation, or remain.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exemier must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) ELAINE	MAYES		2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH A				
	4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M 2 QF		FUNDER 1 YEAR IF UNDER 24 HRS. DITHS DAYS HOURS MIN.	7. DATE OF BIRTH	8. BIRTHP Country)	LACE (State or Foreign				
E.	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 8c. COUNTY OF DEATH									
5	RESIDENCE OF DECEDENT		1)9/1/1/1012	177						
L DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 \[\frac{1}{2} \text{ Fine } \frac{1}{2} \text{ In } \text{ N} \]									
FUNERAL	6420 Oak St.		2106		10g. CITIZEN OF WHAT COUNTRY?					
BY FU	1 Never Married 2 Married FORCES?	NT EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES	13. WAS DECENDENT OF HISPAL If yes, specify Cuban, Mexics 1 YES 2 WNO Specif	n, Puerto Rican, atc.)	r No- 14. RACE- Black, Specify	- American Indian, White, atc.				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a, DECEDENT'S US	BUAL OCCUPATION	16b. KIND OF BUSI	NESS/INDUSTRY	a cyc				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5) /	k done during most of working etired.)	Lau	ndry					
SON	17. EATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Maiden S	urname)					
BE (Kudolph Levy	I m. m. m.	Edn		mes					
6	Jerome F. Brow	1n 5617	Belleville	Ave Ba	State, Zip Code)	, 21207				
j.	20a. METHOD OF DISPOSITION 1	20b. PLACE OF DISPOSIT	ion (Name of cometery, crematory or in Cemeter	4 B	ATION — City or Tow	n, State				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	eda.	Douglass	uneral	Service 3+	e				
	23. PART i. Enter the diseases, or complications the	at caused the death. Do no	enter the mode of dying, suc	h as cardiac or respire	ntory arrest,	Approximate				
	immediate Cause (Finel disease pr condition	Olling	RV ARAES	T SEGO	NIDARI	Interval Between Onset and Death				
	resulting in death) e	O (OR AS A CONSEQUENCE OF):			10101111					
NO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury) CAUSE (Disease or Injury) CAUSE (Disease or Injury)									
CAT										
CERTIFICATION	that initiated evente resulting in deeth) LAST	O (OR AS A CONSEQUENCE OF): $PSIS$, RE	CY.							
	PART II. Other significent conditions contributing t	o death but not resulting in	the underlying cause given in			WERE AUTOPSY FINDINGS				
EDICAL				PERFORM 1 YES 2	TIÁI A	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?				
Σ				_		1 _ YES 2 _ NO				
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C/	nect only one)						
SICI	EXAMINER? HOSPITAL:		OTHER: Nursing Home 5 Residence	_						
PHYSICIAN:	27. MANNER OF OEATH 28a. DATE C		OF 28c. INJURY AT	28d. DESCRIBE HOW IN	JURY OCCURED					
ВУ	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	281. LOCATION (Street ar	nd Number or Rural Ro	oute Number,						
ETED	3 Suicide 6 Could not be detarmined building, etc. (Specify)									
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) end manner as stated.									
BE C	206. SIGNATURE AND TITLE OF CERTIFIER	MBER	29d. DATE SIGNEO (Month, Day, Year)							
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ACCO (ADD., El. B. S. Handler. S. Balton (A. S. Balton) 31. DATE FILEO (Month, Day, Your) 32. REGISTRAR'S SIGNATURE ALBO 9 1990 Alia Davidson-handale.										
	ALEGIADO ELIB	S. Hanouer.	S. Baltima	~ MG041	and.					
	31. DATE FILEO (Month, Day, Year) 32. REGISTI ALAD 09 1990 Sukian	Taindoon hondass		,						
	MAR 09 1990 1906 X	Anna Lanna. J				DHMH-16 Rev 1/89				

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p	be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must
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	FOR 1 - STATE REGISTRAR	STATE OF M							MENTAL HYGIE		9	0 00141
	1. OECEOENT'S NAME (First, Middle, Last) ATHA)	FICATE OF DEATH			REG. NO. 2. DATE OF DEATH MONTH DAY DAY P			3. TIME OF DEATH 7 25 pm			
	4. SOCIAL SECURITY NUMBER 218-36-6150	5. SEX 1 M 2 K F	8. AGE (In yrs. 87	lest birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	MIN.	(Month, Day, Year)		Coun	THPLACE (Stote or Foreign nitry)
_	9a. FACILITY NAME (If not institution, give street and number)				96. CITY, TOWN OR LOCATION OF DEATH							
DT.	North Arundel Nursing + Cunval, Ctr.			Glen Burnie				Anr	runde l			
DIRECTOR	Maryland Anne A					r, town on Location sadena						10d. INSIDE CITY LIMITS? 1 YES 2 NO
RAL	100. STREET AND NUMBER 4795 Mountain Rd.				101. ZIP CODE 21122							WHAT COUNTRY?
COMPLETED BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— It yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ☑ NO Specify: Specify:							
	15. OECEOENT'S EDUC (Specify only highest grade of Elementary/Secondery (0-12)	ATION completed) College (1-4 or 5+)	(Give kind of work done during most of working life. Do NOT use retired.)				16b. KINO OF BUSINESS/INDUSTRY					
OM I	17. FATHER'S NAME (First, Middle, Last)		110	omema k	er		16. MOT	HER'S NA	Own Ho			
0	Arthur C. Whittem	ore							lancock			
9	190. INFORMANT'B NAME (Type/Print) Elmer Jubb						poress (Street and Number or Rural Route Number, City or Town, State, Zip Code) ountain Rd., Pasadena, Maryland 21122					21122
1	20e, METHOD OF DISPOSITION 1 (A Burlet 2 Cremetion 3 Removal from State Clerk Place) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetery or Giffer Place) Cother Place											
22. NAME AND ADDRESS OF FACILITY Kirkley Funeral Home 421 Crain Hwy. S.E., Glen Burn						Rurni	ie MD 21061					
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. Liet only one cause on each line.											
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Probable cardiac arrhythmia Probable cardiac arrhythmia											
		Voue to (or as a consequence or):										
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST											
PHYSICIAN: MEDICAL CE	PART II. Other algnificent conditions contributing to death but not recuiting in the underlying cause given in Part I. PERFORMED? 1 YES 2 DAO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 DAO											
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:											
IYSI	1 YES 2 7NO 1 Inpetient 2 ER/Outpetient 3 DOA 1 Four-ing Home 5 Recidence 6 Other (Specify)											
ВУ РН	27. MANNEJI OF DEATH 1 Natural 5 Pending 2 Accident Investigation	(Month, Da	286. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO					□ NO	28d. DEŞCRIBE HOW INJURY OCCURED			
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)						281. LOCATION (Street end Number or Rural Route Number, City or Town, State)				
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end manner es stated.											
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (MONT), Day, Year) 29d. DATE SIGNED (MONT), Day, Year)											
-	8 H Baltimore - ANNA polis Bul Pasadena mD21122											

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R	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the standard fluctual completely filled in by the standard fluctual committees after death with the State Dest. of Health and Mental Hydiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner mus
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 nours after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction has fleet within 72 hours after death with the State Deer, of Health and Mental Motiene prior to burlal, cremation, or removal.	=

	1. DECEDENT'S NAME (First,	, Middle, Last)							2. DATE OF MONTH	DEATH	V	AR 3.	TIME OF DEATN
	LOUISE E	. KEN	T						03 06 90 5 45AN				5 45A M
	4. SOCIAL SECURITY NUMBER	ER	5. SEX	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s						7. DATE OF BIRTN (Month, Day, Year) 8. BIRTNPLACE (State or Foreig Country)			ACE (State or Foreign
	-216-42-8266		1 □ M 2 📆 F	88	YRS.	MONTHS DAY	HOU	JRS MIN.	1/29		N	Country)	land
	9e. FACILITY NAME (If not in	stitution, give :	street and number)			96. CITY, TOY	N OR LO	CATION OF DE			9c. COUNTY	-	
FUNERAL DIRECTOR	LIBERTY RESIDENCE OF DEC		BING CAZ	CE1	TER		134	-LTIT	10120	<u> </u>			
2	10a. STATE						CATION					10	od. INSIDE CITY
8	Maryland	Balti	more		Essex							LIMITS? ☐ YES 2 ← NO	
<u>-</u>	10e. STREET AND NUMBER	20101	- IIIO E C			Losex	101, ZIP	CODE			10a. CITIZEN		T COUNTRY?
2	Edgewater			2	1221				S.A				
N I	11. MARITAL STATUS	npes.	12. WAS DECEDEN		RMED	13 W///S		1221 INT OF NISPAN	IIC OBIGINS (S	Specify Year or			- American Indian,
	1 Never Merried 2 Merried FORCES? 1 YES 2 FF YES, GIVE WAR OR DATES					If you	specify	Cuban, Mexica NO Specifi	n, Puerto Rica		14.	Bleck, V	Vhite, etc.
BY	3 X Widowed 4 Divo	rced	IF TES, GIVE T	MAN ON DATES		10	E2 5 KZ	NO Specify	<i>y</i> :			Specify:	White
COMPLETED	15. DEC	EDENT'S EDU	CATION			USUAL OCCUP			16b. KII	ND OF BUSIN	IESS/INDUST	RY	
	Elamentary/Secondary (0	y highest grade 1-12)	College (1-4 or 5		le. Do NOT us	vork done during e retired.)	most of	working					
립	Grade 6				Homem	aker							-
0	17. FATHER'S NAME (First, M	liddle, Last)					18.	MOTHER'S NA	ME (First, Midd	lle, Maiden Su	meme)	-	
BEC	George W	eih						Chris	tine (Guntru	m		
TO B	19s. INFORMANT'S NAME (7				19b. MAILING	ADDRESS (Str	et and No	umber or Rural I	Route Number,	City or Town,	State, Zip Co	de)	
F	Joseph C. 1	Weih,	Sr.		13 G	reenwo	od A	venue	Glen	Burni	e, Md	. :	21061
	20e. METHOD OF DISPOSIT		amel from State		E OF DISPOS	SITION (Name of	cemetery	cremetory or		20c. LOCA	TION — City	or Town	, State
	4 Donation 5 Dother		TOTAL TOTAL STATE			matory	In	c.		Bal	timor	e. I	Maryland
	21. SIGNATURE OF FUNERA	SERVICE LI	CENSEE	/	11			DORESS OF FA					
	11	clo o		10	K	Alo	ard	Funer 1kens	al Hon	ne, in	c.	16.1	01000
	23. PART I. Enter the d	isesses, Dr	complications the	at gauged the	death Do r	ot enter the	mode D	f dving, suci	h ss cerdied	Dalti	tory strest	Md.	21229
	shock, or h	esrt failure.	List only one car	use on each ili	ne.			,				,	interval Between
- 1	iMMEDIATE CAUSE (Fir disease or condition	nel		0									Onset and Death
	resulting in death) a. PNUEMBINA DWE-TO-LOR AS A CONSEQUENCE OF:												
	CONGESTIVE HEAVET FAILURE												
CERTIFICATION	Sequentially list conditions, DIF TO (OR AS A CONSEQUENCE OF).												
¥	if any, leading to immediate cause. Enter UNDERLYING												
Ē	CAUSE (Disease or Inju that initiated events	iry	OUE TO	(OR AS A CONS	EOUENCE O	F):							
F	resulting in death) LAST												
	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I, 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
MEDICAL			TRAL					use given in	Part I. 24	I. 24s. WAS AN AUTOPSY 24b. PERFORMED?		A	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE
ă				1 1	PFE	21/37			1	YES 2	NO		F DEATH?
Σ	- AKI	HIR!	77 5									1	YES 2 NO
ä			+									L	
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:	PLACE	OF DEATH (Ch	eck only one)			_	
YS	1 TYES 2 NO		1 [/[Inpatient 2					Residence					
F	27. MANNER OF DEATH 1 1 Notural 5	Pending	28a, DATE Of (Month, I	Day, Year)	28b. TIM	URY	INJURY WORK?		28d. DEŞCR	IBE NOW INJ	IURY OCCUR	ED	- 5
BY		Investigation						2 NO					
	3 Suicide S	Could not be determined	28e, PLACE 0 building	OF INJURY — At , atc. (Specify)	home, farm,	street, factory,	ffice			ON (Street and fown, State)	d Number or	Runal Rou	te Number,
E													
립		TIFYING PHYS	SICIAN: To the best o	f my knowledge,	death occurr	ed at the time,	late end	place, and due	to the cause((e) and manne	er en stated.		
COMPLETED	one) 2 MED	ICAL EXAMIN	ER: On the beele of	examination and/o	or Investigation	n, in my opinic	n, death	occured at the	time, data an	d place, and	due to the c	ruse(a) a	nd manner as stated.
ш	296. SIGNATURE AND YITLE	OF CERTIFIE	R O	. 0			290	LICENSE NUI	MBER	2	29d. DATE S	GNED (N	lonth, Day, Year)
0			-510	ny	MI		I	233	300		▶ 03	- 0	2-96
2	30. NAME AND ADDRESS O	F PERSON WI	HO COMPLETED CAL	SE OF DEATH (IT	TEM 27) (Type	. Print)		5 W	SIMP	12	10	47	FLA
	LIREIDAN	ACA	1	7/ 4	2,1		Pa		2415	70 7	- in	-	1000
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	LIBEIZTY T 31. DATE FILED (Month, Day, MAR 0	9 1990	REGISTR.	AR'S SIGNATURE	ande 82	- CAS	/	/	340	, - ,	40,		2/2/5

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a III by and	or removal.	medical e
Inpletely ille	, cremation,	event, the
ECION: Affect this certaincate has been signed by the attending physician and completely miss in by the functor unicount,	rs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	n 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must l
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Dy and dit	and Menta	/ Injury,
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STINCALE	he State	or Hen
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2	12	5

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

d at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ME	ENTAL HYGIENI
CERTIFICATE OF DEATH	REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYL		CATE OF		MENIA	REG. NO.		
OECEOENT'S NAME (First, Middle, Last)			07112 01		2. DATE	OF OEATH		3. TIME OF OEATN
ROBERT R. KIRBY					MONT	H DAY	90°	2:00 P.M
4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8. E	IRTNPLACE (State or Foreign
217-28-4874	1 ⊠ M 2 □ F 5	7 YRS.	MONTHS DAYS	HOURS MIN.	(Monti	/3/32		aryland
9e. FACILITY NAME (If not institution, give str			9b. CIT Y. TOWN	OR LOCATION OF D		13132	9c. COUNTY	
2637 Marbourne Ro			Balti					
RESIDENCE OF DECEDENT			Daiti	more				
10a. STATE 10b, COUNTY	_	10c. CITY,	, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
Maryland		Bal	timore					1 X YES 2 NO
10e. STREET AND NUMBER			10	H. ZIP CODE		. 1	10g. CITIZEN	OF WHAT COUNTRY?
2637 Marbourne A	ve.			21230		-	U.S	S.A.
11. MARITAL STATUS	12. WAS DECEDENT EVER IF			CENDENT OF NISPA			or No- 14.	RACE — American Indian,
1 Nover Married 2 X Married	FORCES? XX YES			pecify Cuban, Maxico S 2 D NO Specif		Ricen, atc.)		Black, White, etc. Specify:
3 Widowed 4 Divorced	Korea			X	,			White
15. DECEDENT'S EDUC (Specify only highest grade of	ATION	18a. DECEDENT'S U	USUAL OCCUPAT	ION	18b	. KIND OF BUS	NESS/INDUST	RY
Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use	ork done during m e retired.)	ost or working				
10th Grade		Mainta	ance Med	ch.		Unive	rsal F	oods
17. FATHER'S NAME (First, Middle, Last)				10. MOTHER'S NA	AME (First,	Middle, Maiden S	Surname)	
Unknown Kirby	Caly	rsta	Moore					
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Num	ber, City or Town	, State, Zip Cod	ie)
DAvid J. Kirby		2635	Marbour	ne Avenu	ie B	altimo	re, Md	. 21230
20a. METHOD OF DISPOSITION	201:	. PLACE OF OISPOSI	ITION (Name of co	emetery, crematory or		20c. LOC	ATION — City	or Town, State
1 🖾 Buriel 2 🗆 Cremation 3 🗆 Remo		other place) Meadowrid	lge Memo	orial Par	-k	E1k	rdige.	Maryland
21. SIGNATURE OF FUNERAL SERVICE LIC				AND ADDRESS OF FA				
. 1 /11			Hubba	rd Funer	al H	ome. Ir	ıc.	
Mall Ra				rd Funer Wilkens		Balti		
23. PART I. Enter the diseases, or c		the death Do n						
	let only one cause on a		ot enter the m	ode of dying, suc	ch ae car	diec or respir	atory arrest,	
IMMEDIATE CAUSE (Finel	lat only one ceuee on e				ch ae car	diec or reepir	atory arrest,	Approximate Interval Betwo Onset and De
IMMEDIATE CAUSE (Finel disease or condition	lat only one couce on e			ode of dying, suc	Ca.	diec or reepir	atory arrest,	Interval Between
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FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	DEATH	REG. NO).	
	1. DECEDENT'S NAME (First, Middle, Last)							3. TIME OF DEATH
- 1	Jessie K	ing				March 06,	1990	3:35 p м
	4. SOCIAL SECURITY NUMBER	8. SEX 6.	AGE (In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)	12 1	BIRTHPLACE (State or Foreign Country)
. (1)	9a. FACILITY NAME (If not institution, give s	met and number)	00	AL OUTY TOWN	OR LOCATION OF D	1//-5-	9c. COUNTY	MIGNSUITE, IIE
BO	Maryland Gen	eral Hospi	tal		imore Cit		96. COONTY	OF BEATH
51	RESIDENCE OF DECEDENT							
DIRECTOR	DAY JANY		10ė. CIT	y, town or Loc Balti	more City	7		10d. INSIDE CITY LIMITS? 1 TES 2 NO
爿	100. STREET AND NUMBER	0 /			IOF. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
PUNERAL	3803 Hilton	Rd			21213		4	S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED YES 2 AND	13. WAS D	ECENDENT OF HISPA	NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	a or No- 14	. RACE — American Indian, Black, White, etc.
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAF			ES 2 10 Specif			Spelly:/ L
	3 Divorced	!						PIACK
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION COmpleted)	16a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BU	JSINESS/INDUS	TRY
山	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT u	se retired.)	nost or worning			
7			Hom	ara a	Ker			
8	17. FAFUER'S, NAME (First, Middle, Lest)	1			1e. MOTHER'S N	AME (First, Middle, Maider	n_Surname)	
	Charles Mi	atthous			mm	11 11	none	,
8	Violantino de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya della companya della companya de la companya della comp	1 Herry			VIII	7 1701	41113	
2	(19a, INFORMANT'S NAME (Type/Print)	Ackso	1 100	3 Hi	Tow of Sure	Bolto Number, City or The	m, State, Zip Co	21215
	294. METHOD OF DISPOSITION		2019 PLACE OF DISPO	SITION (Name of	corpliney, crematory or	20 ₅₆ Li	DCATION - CITY	y or Yesp, thate
	1 Defurial 2 □ Cramation 3 □ Rem 4 □ Donation 5 □ Other/Specify	oval from State	Wester	N 51	TRE C	em CA	Tonsvi	He mc.
	21. SIGNATURE OF FUNERAL SERVICE LIC	DENSEE		22. NAME	AND ADDRESS OF	CUS 4	-UNE	ral Home
	* Yoseph	J. Ku	22	233	BUIN	orth Al	re, B	plh Indala
	23. PART L Enter the diseases, or	complicatione thet	eused the deeth. Do	not enter the i	node of dying, euc	ch ae cerdiec or ree	piratory arres	t, Approximeta
	ahock, or heert fellure.	List only one ceuse	on each line.					Interval Between Onset and Death
- 1	IMMEDIATE CAUSE (Final disease or condition	36-11	0		•			Onset and Death
	resulting in death)		atic Ovari		inoma			
- 1		DUE TO (O	R AS A CONSEQUENCE O	F):				
Z	Sequentially list conditions,	b						
CERTIFICATION	If any, leeding to immediate	DUE TO (O	R AS A CONSEQUENCE O	F);				
8	CAUSE (Disease or injury	¢						
里	that initiated events	DUE TO (O	R AS A CONSEQUENCE O	F):				
E	resulting in death) LAST	d.						
2								
EDICAL	PART II. Other algorificant condition				ing cause given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
S	Severe Anemia,	Renal Fall	ure, Sepsi	5		1 [] YE\$	X	COMPLETION OF CAUSE OF DEATH?
								1 TYES 2 NO
Σ								1 1 123 2 1 110
A	or was over percents to history							
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C	heck only one)		
S	1 TYES 2 KNO	1 ⊠ japatient 2 □ I	R/Outpetient 3 DOA		ome 5 🗆 Residence	8 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF IN (Month, Day,		ME OF 28c.	HJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCU	RED
	1 Natural 5 Pending Investigation	(Monal, Day,	1000)		YES 2 HO			
BY	• 🗆 • • • • • • • • • • • • • • • • • •	28e. PLACE OF	NJURY — At home, farm,	street, fectory, o	Mea	281. LOCATION (Stree	t and Number or	Rural Route Number
	4 Homicide Homicide Homicide	building, et	c. (Specify)	,		City or Town, Stat		
COMPLETED								
립		ICIAN: To the best of m	knowledge, death occur	red at the time, d	ate and place, and du	a to the couse(s) and m	snoer as stated.	
8	2 MIDICAL MAMINE	ER: On the besis of exe	nination and/or investigati	on, in my opinior	, death occured at th	e time, data and place, s	and due to the o	cause(s) and manner as stated.
	29b. SHOMATURE AND TITLE OF CERTIFIE	9t			296, LICENSE NO	namen.	I and name a	HGNED (Month, Day: Year)
8			USTUR	MA	and Discount in		b -	1-1-0
2							1 3	16/70
	30. NAME AND ADDRESS OF PERSON WE							7
	Norman Leste	=1, M.D.	c/o Mary	Land Ge	neral Hos	pital		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE					
	MAR 091990	when Deviden	-Navarar					1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be immined TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one

are as the burial-transit permit. Pages 1, 2, 3 should

ND 21203-3146.

- ALTIMORE, MARY

be notified at once.

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	A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	RECTOR: After this certificate has been signed by the attending physician and completely filled in
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	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM			MENTAL HYGI				
	1. DECEDENT'S HAME (First, Middle, Last)		***			2. DATE OF DEATH			ME OF DEATH	
	ANN T.	K	OHLER			March 8) 11	:50	Ам
	4. SOCIAL SECURITY HUMBER 5.	SEX 6. AGE (In yrs.		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1 0	BIRTHPLACE	E (State or Fore	ign
	034-14-6828 1 9e. FACILITY NAME (If not institution, give street	□ M X X	YRS.	NTHS DAYS	R LOCATION OF DE	10-7-1		Country) assa(chuse	tts
-						AIN				
2	1550 Dellsway R	oad		Towso	n		Balt	cimor	e Co.	
DIMECTOR	10e. STATE 10b. COUHTY		10c. CITY, T	OWH OR LOCAT	ЮН			10d.	INSIDE CITY	
5	Maryland Baltim	ore Co.	TOT	son					YES X XX	O
4	10e. STREET AND HUMBER				ZIP CODE		10g. CITIZE	N OF WHAT	COUHTRY?	
FUNERAL	1550 Dellsway R	oad		2	1204		U.S.	Α.		
5		WAS DECEDENT EVER IN U.S.	ARMED	13. WAS DEC	EHDENT OF HISPAN	IIC ORIGIH? (Specify	Yee or Ho— 14	. RACE - A	mericen Indian	ì,
84	1 Hever Married XX Merried	FORCES? 1 YES X	XNO	1 Yes, spe	2 X X O Specify	n, Puerto Rican, atc.)		Black, White Specify:	10, STC.	
	3 Widowed 4 Divorced							Whit	е	
2	15. DECEDENT'S EDUCATION (Specify only highest grade com	ON 16e.	DECEDENT'S US (Give kind of work life. Do NOT use re	done during mos	N st of working	16b. KIND OF	BUSINESS/INDUS	STRY		
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COMPLEI	12 Years		Sales				al Sho	р		
3	17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Mei	,	2		
监	David	McInt			Ann			deri	CK	
2	19e. INFORMANT'S HAME (Type/Print)					Route Number, City or			0100	
	Joseph F. Kohle					Towson				14
	20s_METNOO OF DISPOSITION A Buriel 2 Cremation 3 Removal	from State other	r place)		netery, cremetory or		LOCATION — CH			
	4 Donation 5 Other (Specify)		land V			tery Ga				
	21. Signature of Fullerial Service Licens	57 ///				ohnson,				
	Melle	- fellet		8521	Loch Ra	ven Blv	d. Tows	son, M	D 212	:04
	23. PART I. Enter the disease, or comehock, or heart feliure. List IMMEDIATE CAUSE (Finel disease Dr condition resulting in death)	plications that caused the only one cause on each if	death. Do not ina.	anter the mo	ma to	Brown	apiratory srret	ot,	Approximatinterval Bat Onset and	tween
CERTIFICATION	Sequentially list conditions, if any, leading to immediate causa. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON								
2	PART II. Other significant conditions of	ontributing to death but no	ot resulting in	the underlying	cause given in	Part I. 24a. WAS	AN AUTOPSY	24b. WERI	E AUTOPSY FIN	DINGS
5						PEA	FDRMED?		LABLE PRIOR TO PLETION OF CA	
MEDI							S 2 NO		YES 2 N	0
2						_		''	123 2 IN	
A	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATN (Ch	eck only one)				
SICIAN:		OSPITAL:		THER:						
PHY	27. MANNER OF DEATH	26a. DATE OF IHJURY	28b. TIME C			6 Other (Specify) 28d, DESCRIBE HO	W INJURY OCCU	RED		
	1 Netural 5 Pending	(Month, Day, Yeer)	INJUR	Y WO	RK? (ES 2 HO					
18	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF IHJURY — AI	home, ferm, stre			28f. LOCATION (Str	est end Number o	Rural Route I	Number,	
COMPLETED	4 Homicide datermined	building, etc. (Specify)				City or Town, S	tate)			
4	29e. CERTIFIER 1 CERTIFYING PHYSICIAL	H: To the best of my knowledge,	doub powers	et the time date	and place, and div	to the enventage and	manner on state			
2	anel	On the basis of examination and							menner ee ste	nted.
	29b. SIGNATURE AND TITLE OF CERTIFIER									
BE	M IND 4A	Kinglin	(11°		29c. LICENSE HUI		29d. DATE	SIGNED (Mon	CI, Day, Year)	
2	30. NAME AND AGORESS OF PERSON WNO C	COMPLETED CAUSE OF DEATH (ITEM 27) (June De	Int)	100	1022		10	10	
- 1	00 KG 00 - 3.3		LAP COL		0),	2 21.				

A - March and A

BALTIMOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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1 -

BY FUNERAL DIRECTOR

TO BE COMPLETED

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FOR STATE REGISTRAR		STATE OF N	/ARYL	AND /	DEPAR	TMEN	T OF	HEALTH AND	MENTA	HYGIEN REG. NO.	E				
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Anna	middle, Last)	Linz							MONTI Z		8	YEAR	3. TIME	1:00	FAM
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE	(In yrs. last	birthday)	_	ER 1 YEA			OF BIRTH		8. BIRTH Countr	PLACE (S	tate or Fo	oreign
219-42-7656		1 ☐ M 2∑ F	79		YRS.	MONTHS	DAY	B HOURS MIN.	11	101	0			D	
9a. FACILITY NAME (If not in		treet and number)				9b. CF	CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						1		
GREATER LA		BELTSVILI	LE H	OSP.		I	AUF	REL			PR	INCE	GEO	RGES	5
10a. STATE	10b. COUNTY	·		-	10c. CIT	Y, TOWN	OR LO	CATION					10d. INS	IDE CITY	,
MD. PRINCE GEORGES LAUREL													ITS?		
10e. STREET AND NUMBER								101. ZIP CODE			10g. CITI	ZEN OF V	VHAT COL	INTRY?	
1/1000 0017	DCUTD	COLLDI						20708			,,,	S.A			
14000 BRIARCHIP COURT 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED						13	. WAS D	DECENDENT OF HISPAI	VIC ORIGIN	? (Specify Yas				ican Indi	en.
1 Never Married 2 Married FORCES? 1 YES 2X NO						If yes,	specify Cuban, Mexica	n, Puerto I	lican, etc.)			— Amer c, White, s	itc.		
3 ☑ Widowed 4 □ Divorced IF YES, GIVE WAR OR DATES						1 📙 1	res 2 [™] NO Specif	y: 			Speci WH	iy: ITE			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S US (Give kind of world)					work don	e during		16b	KIND OF BU	SINESS/IND	USTRY				
Elementary/Secondary (0-12) College (1-4 or 5+)				DO NOT U											
17. FATHER'S NAME (First, M	liddle, Last)							18. MOTHER'S NA	ME (First, I	Aiddle, Maiden	Sumame)				
FRANK WEIN	NHOLD							ELIZAB	ETH :	KELLER					
19a. INFORMANT'S NAME (7	ypa/Print)			10000				et and Number or Rural			-2-11	Code)			
ADRIAN LINZ	Z (so	n)			1400	0 Br	riar	chip Ct.,	Lau	rel, M	d. 2	20708	8		
20e. METHOD OF DISPOSIT 1 □ Buriel 2 □ Cremetic 4 ☑ Donation 5 □ Other	n 3 🗆 Rem	oval from State	200	other pla	OF DISPO	SITION (Name of	cemetery, cremetory or		20c. LO	DCATION — City or Town, State				
21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE		2.2	90	2	2. NAME	AND ADDRESS OF FA	CILITY						
Sama	Mil	DW	ull		, –		STA	TE ANATOM	Y BA	ORD, B	ALTO	. , M	D. 2	1201	1
23. PART . Enter the d shock, or h		complications the				not ant	er tha	mode of dying, suc	h aa can	ilac or reap	ratory an	rest,		proxim tarval B	ata etween
IMMEDIATE CAUSE (Fir disease or condition	nai	+1	n		2 1	,							Or	iset and	d Death
reaulting in death)	→	a. 10 Py	100	wel	1/2	111	w	ten						de	4
		DUE TO	(OR AS	A CONSEC	WENCE O	7 1:		0 1	1						8
_		whine	un	Too	ele	R	ice	arker	100	cont	ny		1/2	da	7-
Sequantially list condit if any, leading to imme		DUE TO	(OR AS	A CONSEC	WENCE O	F):									
cause. Entar UNDERLY	ING .												ļ		
CAUSE (Disease or inju	iry	DUE TO	(OR AS	A CONSEC	UENCE O	F):									
reaulting in death) LAS	T	4													
		V-			_										
PART II Other significe	ent condition	ns contributing to	death i	but not r	esulting	in the	underi	ying cause given in	Part i.	24a. WAS AN		24b	WERE AL	JTOPSY F	
Calla	5 CA	mita	m	1111	_					PERFO	1		COMPLE	TION OF	
- 100	of DEATH?									,					

PART II-Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.	
Cardia Anthones	

1 TES 2 NO

S. WAS CASE REFERRED TO MEDICAL	26. PLACE OF OEATH (Check only one)								
1 YES TONO	NOSPITAL: 10 - Inpatient 2 ER/Outpatient 3	DOA 4 Nu	R: rsing Home 5 - Residence	8 ☐ Other (Specify)					
7. MANNER OF OEATH Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. OESCRIBE HOW INJURY OCCUREO					
3 Suicide a Could not be	28e. PLACE OF INJURY — At hom building, etc. (Specify)	ne, farm, street, fac	ctory, office	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge,

2 MEDICAL EXAMINER: On the

29d. DATE SIGNED (Month, Day, Year)

LETED CAUSE OF OEATH (ITEM 27) (Type, Print)

mh 1424 Cavel 31. DATE FILED (MONTS) DE 1990 32 PECISIBANG

Programme.

1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART			MENTAL HYGIEN		0 00130
1. DECEDENT'S NAME (First, Middle, Last) COSSIE D. Ly	/le				2. DATE OF DEATH DO 3	1990°	3. TIME OF DEATN 11:30AM M
217-09-9379	X M 2 □ F 8.	YRS.	F UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 9/7/08	6. BIR Cou	TNPLACE (State or Foreign nitry) TPOLIN, Va.
9a. FACILITY NAME (If not institution, give street in Pleasant Manor Nurs.				ore, Md.		9c. COUNTY OF	DEATN
10e. STATE 10b. COUNTY			town on Local	FIDN			10d. INSIDE CITY LIMITS? 1 X YES 2 ND
100. STREET AND NUMBER 2501 Chelsea Terra	ce; Baltin	rore, Md.	10	1. ZIP CODE 21216		10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 12. 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	WAS DECEDENT, EVER FORCES? 1 YE IF YES, GIVE WAR OR	RIN U.S. ARMED S 2 NOT I DATES WWII	If yes, sp		NIC DRIGIN? (Specify Yearin, Puerto Rican, etc.) y:	Ble	CE — American Indien, ack, White, etc.
15. DECEDENT'S EDUCATION (Specify only highest grade complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete complete comp		16a. DECEDENT'S U (Give kind of wo life. Do NOT use COOK	SUAL OCCUPATI ork done during me retired.)	ON ast of working	16b. KIND OF BU	SINESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)	e			16. MOTHER'S NA	ME (First, Middle, Meiden	Surname)	
190, INFORMANT'S NAME (Type/Print) Grace Richar	door	2501	Che	Ind Number or Rural	Poute Number, City or Tow TERRACE	n, State, Zip Code)	
20g. METNOD OF DISPOSITION 1 Description 1 Donation 1	from State	other place)	0	metery, crematory or J Fore	20c. LC Ou	CATION - City or	Town, State nills md
21. SIGNATURE OF FUNERAL SERVICE LICENS	elles	148 2007		ND ADDRESS OF FA	Dranker	st. F	BA16, M.
23. PART I. Enter the disease, or come ahock, or heert feliure. List iMMEDIATE CAUSE (Final disease or condition resulting in death)	Metas		nche		in a cerdlec or reap	iratory arrest,	Approximete Interval Between Onset and Death 3 415.
Sequentially list conditions, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		S A CONSEDUENCE OF					
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1 VES 2 NO 1 27. MANNER OF DEATN 1 Netural 5 Pending	28e. DATE DF INJUR (Month, Day, Year	TY 26b. TIME	DF 28c. IN	JURY AT ORK?	6 ☐ Other (Specify) 26d. DESCRIBE NOW	INJURY OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE DF INJU building, etc. (S	JRY — Al home, farm, si pecify)		YES 2 ND	261. LOCATION (Street City or Yown, State		al Route Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN (Check only one) 2 MEDICAL EXAMINER: D							e(e) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU		29d, DATE SIGN	IED (Month, Day, Year)
HALFE CONTRACTOR				Dist	616		a 197)

BALTIMORE, MA urs after death. Page 6 may be DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examinar must be in the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of the contraction of TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

namen or attending physician.

RYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-18 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the fune	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examp
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	1 - STATE STATE REGISTRAR			F DEATH	MENIAL HYGII REG. N						
	1. DECEDENT'S NAME (First, Middle, Lest) ERVIN MUM:	FOR	D	JR	2. DATE OF DEATH	DAY 9	DYEAR .	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs	r. last birthday) YRS.	MONTHS DAY		7. DATE OF BIRTH (Month) Day, Year)	22	8. BIRTHP Country)	LACE (State or Foreign			
R	90. FACILITY NAME (If not institution, give street and number) 2832 KIGGS AVENUE		PA J	N OR LOCATION OF DE	EATH MD	9c. COUI	NTY OF DE	ATH			
DIRECTOR	RESIDENCE OF DECEDENT 10e, STATF 10b, COUNTY	10c CITY	Y, TOWN OR LO	CATION)			10d, INSIDE CITY			
DIR	MD		BALTIM					LIMITS?			
3AL	100. STREET AND NUMBER 2832 RIGGS AVENUE			10f. ZIP CODE				NAT COUNTRY?			
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.	ARMED	13, WAS 1	21216 DECENDENT OF HISPAN	NIC ORIGIN? (Specify	Yee or No-	USA 14. RACE -	- American Indian,			
84	1 Never Married 2 Merried FORCES? 1 YES 2 3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES		If yes,	specify Cuben, Mexica (ES 2 X NO Specify	n, Puerto Rican, atc.)		Black, Specify.	White, atc.			
TED	(Specify only highest grade completed)	Give kind of w	USUAL OCCUP	TION most of working	16b. KIND OF	BUSINESS/INC	DUSTRY				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) 8 th	C00			SORREN	TO PIZ	ZZA				
BE CON	17. FATHER'S NAME (First, Middle, Last) ERVIN MUMFORD, SR. 18. MOTHER'S NAME (First, Middle, Malden Surname) MAGGIE FIELDS										
10 8	190. INFORMANT'S NAME (Type/Print) MAGGIE MUMFORD			TON STREE				202			
	20e. METHOD OF DISPOSITION 20b. PL/			cemetery, crematory or		LOCATION -					
			TAR CE	METERY AND ADDRESS OF FA	CATONSVILLE, MD						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE										
	23. PART I. Enter the disease, or complications that caused the	death. Do n	ot anter tha	C. MARCH I	F/H 1101 the as cardiac or re	F NOF	RTH A'	Approximate			
	ahock, or heart fellure. List only one cause on each line. Interval Between Onset and Death disease or condition resulting in death) Due to (or as a consequence or): Due to (or as a consequence or): The proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof of the proof										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CER	resulting in death) LAST										
MEDICAL	PART II. Other algorificant conditions contributing to death but n	ot reaulting	in the underl	ring cause given in	PER	AN AUTOPSY FORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIA	25. WAS CASE REFERRED TO MEDICAL		OTHER:	PLACE OF OEATH (Ch							
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)	26b. TIM	IURY	INJURY AT WORK?	6 Other (Specify) 28d. DESCRIBE HO	W INJURY OC	CUREO				
TED BY	2 Accident investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — A building, atc. (Specify)	At home, ferm, s	street, factory, o	ffice	281. LOCATION (Str. City or Town, St		r or Rural Ro	ute Number,			
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and							end manner as stated.			
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		MD.	29c, LICENSE NU	HIL TIL	29d, DAT	MAN :	Honth, Pay, Year) 7 90			
	36 NAME AND ADDRESS OF PERSON WAS COMPLETED CAUSE OF DEATH	AUS	SPrint)	MD-20	00 W. 14	ltim	ere s	it, md.2122			
	MAR 09 1990 Sura Device Signature	Handell	eri.								

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	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME(First, Middle, Last)	moste	y		2. DATE OF DEATH	9 9 0	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 219-01-6104	5. SEX 8. AGE (In yrs. las	YRS. MONTHS C	MAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Co	ATTHPLACE (State or Foreign unitry) Md					
TOR	9a. FACILITY NAME (If not institution, give a Liberty Mul	ial centre	96. CITY, T	OWN OR LOCATION OF DE		9c. COUNTY OF	F DEATH					
DIRECTOR	10a. STATE 10b. COUNT	Y	10c. CITY, TOWN OR	MVR9			10d. INSIDE CITY LIMITS? 1 X YES 2 NO					
NERAL	130 AShbur			101. ZIP CODE		USI	F WHAT COUNTRY?					
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EYER IN U.S. AR FORCES? 1 ✓ YES 2 ☐ P IF YES, GIVE WAR OR DATES	NO If y	S DECENDENT OF HISPAN es, specity Cuben, Maxica YES 2 NO Specify	in, Puarto Rican, etc.)	B	ACE — American Indian, lack, White, etc. pecity: 6 KCK					
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elemantary/Secondary (0-12)	College (1-4 or 8 +)	CEDENT'S USUAL OCC five kind of work done dur Do NOT use retired.) A Bus DL	ing most of working	16b. KIND OF BUS	INESS/INDUSTRY	,					
	17. FATHER'S NAME (First, Middle, Last)	Vashv	r Dus UL	18. MOTHER'S NA	ME (First, Middle, Maiden :							
TO BE	190, INFORMANT'S NAME (Type/Print) TRENE MOS			Street and Number or Rural i	Route Number, City or Town	, State, Zip Code)						
	20e. METHOD OF DISPOSITION 1 W Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	20b. PLACE other pl	OF DISPOSITION (No.He	of cometery, cremetory or Spest Vet (20c. LOC	ATION - CITY OF	d 21229 Town, State ills, MD. Norm! Home					
1	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	22. NA Wi	ME AND ADORESS OF FA 11 iam C.B 206 W.N	eown con	nm. fu	nam Home					
	23. PART I. Enter the diseases, or complications that ceueed the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. Liet only one ceuse on each line. Approximate Interval Betwee Onset and Deal											
	disease or condition resulting in deeth)	DUE TO (OR AS A CONSEQUENCE OF): PESP FEILURE										
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEC	OUENCE OF):									
MEDICAL C	PART II. Other aignificent condition	ne contributing to deeth but not a	resulting in the unde	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
AN: M	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Ch			1 TYES 2 NO					
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	NOSPITAL: 1 Impatient 2 ER/Outpatient 3 28a. DATE OF INJURY										
BY	1 Natural 5 Pending Investigation	(Month, Day, Year) 28a. PLACE OF INJURY — At he	INJURY M	Bc. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW IF							
COMPLETED	4 Homicide determined	City or Town State)										
	,	ER: On the basis of examination and/or		nion, death occured at the	time, data and place, en	d dua to the caus						
TO BE	30. NAME AND ADDRESS OF PERSON WI	-mes	M 27) (Time Print)	D 30 /	15	► 3	6)90					

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

TO LOKPELS(2600 LIBERTY

31. DATE FILE (MOT 9 1990

21215

HEITS BAH.

31. DATE FILED (Month, Day, Year)
MAR 09 1990

32. REGISTRAR'S SIGNATURE

medical or attending physician.	I small disched for use as the burial-transit permit. Pages 1, 2, 3 should	nether once.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may in	UNRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pare it means according to the attending physician and completely filled in by the funeral director, pare it means are the buriat-transit permit. Pages 1, 2, 3:	ours after death with the State Dept. Of Reath and Memia Progere prior to burial, cremation, or removal. 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be medical.

FITTE ND 21203-3146

						91	0	06153	3	
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / D	DEPARTMENT O		MENTAL HYGIEN REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)	10 L T			2. DATE OF DEATH	AY YE	AR 3	TIME OF DEATH		
	4. SOLAL SECURITY NUMBER	Manley, Jr			3 S	9	0	10 A	-	
	21552-1619	5. SEX 6/AGÉ (In yrs. last b	YRS. WONTHS DA		7. DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or Foreign		
OR	90. FACILITY NAME (If not institution, give stre	of and numbers, Va Medieril	tor Sb. CITY TO	WN OR LOCATION OF DE		9c. COUNTY	OF DEA	ТН		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY, TOWN OR L	OCATION			1	Dd. INSIDE CITY	_	
	Ma		Baltim	ore			1	LIMITS?		
FUNERAL	100. STREET AND NUMBER	1 01		101. ZIP CODE	_	10g. CITIZEN	OF WH	AT COUNTRY?	Т	
NEF	3113 Flower	ten Koad		2122	9	4	100	SIT	_	
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMI FORCES? 1 YES 2 □ NO IF YES, GIVE WAR OR DATES	If ye	DECENDENT OF HISPAR a, specify Cuban, Mexica YES 2 NO Specify	n, Puerto Rican, etc.)		RACE — Black, \ Specify:	- American Indian, White, etc. Black		
ED	15. OECEDENT'S EDUC		EDENT'S USUAL OCCU		16b. KINO OF BU	SINESS/INDUST	RY		_	
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)		i kind of work done durin to NOT use retired.)	g most of working						
SON	17. FATHER'S NAME (First, Middle, Last)	^		18. MOTHER'S NA	ME (First, Middle, Maiden	Surnama)				
BE (Charles Man!	ey, Jr		Lula	Will	1ams				
5	19a. INFORMANT'S NAME (Type/Print)	19b.	MAILING ADDRESS (SE	eet end Number or Aural of Amonds	Ploute Number, City or Yow On Ave	n, State, Zip Coo	to, 1	4 / 21223		
	20e METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Remo	val from State 20b. PLACE OF other place	DISPOSITION (Name	con Fores	+ Vet Ou	CATION - City	or Jown	1/5 red		
	21. SIGNATURE OF FUNERAL SERVICE LICE	March	22. NAR	AF AND ADDRESS OF FA	H. West Wasash	. Sue				
	23. PART I. Enter the diseases, or co	omplications that caused the deat	th. Do not enter the	mode of dying, suc	h se cardiac or reep	iratory srrest,	,	Approximate		
	IMMEDIATE CAUSE (Final disease or condition	Preumocyst	* Pinn	umonica				Onset and De		
	resulting in daeth) a	DUE TO (OR AS A CONSEQU	JENCE OF):	and the	2			1204	ر	
ATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING b. Acquired Immunodeficiency Syndro-e 12 day.									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEQU	JENCE OF):							
	PART II. Other significant conditions	contributing to death but not re-	eulting in the under	dulan causa aluan in	Part I. 24a. WAS AN	ALFTORCY	245 14	ERE AUTOPSY FINDIN		
PHYSICIAN: MEDICAL	Intravenous	Drug Abus	ب	Tyring codes given in	PERFO	RMED?	o o	MAILABLE PRIOR TO COMPLETION OF GAUSI OF DEATH?		
Σ					—]		1	YES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL			RE. PLACE OF DEATH (CH	neck only one)					
SIC	EXAMINER?	HOSPITAL: 1 Vinpetient 2 ER/Outpetient 3 E	OTHER:	Home 8 - Residence	5 Other (Specify)					
ВУ РНУ	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY	28d. DESCRIBE HOW INJURY OCCURED							
0	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — A1 hom building, etc. (Specify)	281. LOCATION (Street City or Town, State	end Number or F	Rural Roo	rte Number,				
COMPLETE	onel	CIAN: To the best of my knowledge, dest					euse(e) (end manner as states	a.	
	296. SIGNATURE AND TITLE OF CERTIFIER	R.A	, 1	29c. LICENSE NU				fonth, Day, Year)	_	
TO BE	Marle Brews	it mo Med	Cal Kesde	rut N	'De_	1 3	15	120		

DHMH-18 Rev 1/89

DHMH-16 Rav 1/89

RYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 m THE STIMEDAL PLANS.

FOR STATE REGISTRAR

i	1. DECEDENT'S NAME (First, Middle, Last) Sterling Merrill 2. DATE OF DEATH MONTH DAY YEAR 3 6 1990											3. TIME OF DEATH	
	4. SOCIAL SECURITY NUME 214-68-3722	BER	5. SEX 1)() M 2 F	8. AGE (In yr. 37	s. lest birthday) YRS.	IF UNDER 1	YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIR (Month, Day,	TH Year)	7	IPLACE (State or Foreign ry)
OR	9a. FACILITY NAME (If not in	nstitution, give s				96. COUNTY OF DEATH Baltimore 96. COUNTY OF DEATH							
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	1			r, town on timor		TION					10d. INSIDE CITY LIMITS? 1 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 3023 Ridge		Avenue				10	212				S A	WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Dive	Married	12. WAS DECEDED	NT EVER IN U.S 1 YES 2 WAR OR DATES	NO	lf.	/es, sp			IIC ORIGIN? (Spe n, Puarto Rican, o		14. RAC Blac Spec	E — American Indian, k, White, atc.
COMPLETED		CEDENT'S EDU- ly highest grade 0-12)			a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY								
ш	17. FATHER'S NAME (First, A Bennie				16. MOTH	EZ E	ME (First, Middle, dgertor	Melden Surname)]					
TO B	Inez Merri	וו			3023	Ric	ge	and Number WOOd	or Rural I	nue Balt	or Town, State, 2 timore,	Md 2	
	20a. METHOD OF DISPOSITION 1. Donation 5 Other (Specify)										own, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue												
	23. PART I. Enter the deshock, or he immediate Cause (Fi disease or condition resulting in death)	naart fallure.	List only one ca	C O	A GE	STIV	E	- X		h es cerdisc o	19.11 p		Approximate Interval Betwee Onset and Dear
CERTIFICATION	Sequentially list conditions, if any, isading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST b. CONGRETATION DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL CI	PART II. Other significa		e contributing to			in the unc	erlyir	ng ceuse	given in		WAS AN AUTOPS PERFORMED? YES 2 NO	Y 24	b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	□ ER/Outpatie	ent 3 🗆 DOA	OTHER			/	neck only one)	offv)		
ВУ РНУ	1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Realdence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation												
ED	2 D Sulalda	Could not be delarmined		OF INJURY —	Al home, ferm,	atreet, facto	ry, offi	lca		26f. LOCATION City or Tow	(Street and Numl n, State)	ber or Rural	Route Number,
COMPLET	contact oray		ICIAN: To the best of										s) and menner as stated.
BE	29b. SIGNATURE AND TITL	E OF CERTIFIE	ship	ton	Q.	mo		29c. LIC	ENSE NU	MBER 0576	29d. D	TE SIGNE	8 90
5	30. NAME AND ADDRESS O	F PERSON WI	O HA	USE OF DEATH	(ITEM 27) (Typ	e, Print)	2 1	,	SP	1/4	437	PAR	K HTS AVI

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

P.O. BOX 13146,	ACCOURT OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within
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OF VITAL RECORDS,	PHYSICIAN.
DIVISION	ATTENDING
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e by the hosp	e Pishond be detached	normed at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 me by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, the Defined the desired with the State hard and Mental Kninene artic to brid in centain, or removal	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiling must be method at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR				CE	RTIF	CATE	OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)									ATE OF DEATH	,	YEAR	3. TIME OF DEATH
EARNES	STEEN		Ε.			NOLA	N.		3	6		90	
4. SOCIAL SECURITY NUMBER		100			birthday)	MONTHS D	EAR AYS	IF UNDER 24 HRS.	(Mi	TE OF BIRTN onth, Day, Year)		Counti	
213-10-9198	3 1	□ M 2 XXF	81	0	YRS.					3-26 0	9	V	A .
9e. FACILITY NAME (If not ins	stitution, give street	and number)				9b. CITY, TO	OWN C	R LOCATION OF DE	EATH		9c. COU	NTY OF D	EATH
FRANCIS SC	COTT KI	EY MED	CTI	N .		BA.	LT	IMORE C	IT	Y			
RESIDENCE OF DEC	10b. COUNTY				10c. CIT	Y, TOWN OR	OCAT	ION					10d. INSIDE CITY
MD					D	ALTIM	חם ב						LIMITS?
10e. STREET AND NUMBER					D	ALIIM	_	. ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
814 E. 41ST	STREET	Г						21218				USA	
11. MARITAL STATUS		. WAS DECEDENT				13. WA	S DEC	ENDENT OF HISPAN	NIC ORI	IGIN? (Specify Yes	or No-	14. RACI	E — American Indian,
1 Never Married 2 1 1 3 1 Wildowed 4 Divor		FORCES? 1 [IF YES, GIVE WAI			0			2 NO Specifi		rto Ricen, etc.)			k, White, stc.
15. DECE (Specify only	DENT'S EDUCATI	ION npleted)		16e. DE0	CEDENT'S	USUAL OCCI	JPATIO	ON st of working		16b. KIND OF BUS	INESS/IN	DUSTRY	
Elementery/Secondary (0-		College (1-4 or 5+)		life.	Do NOT us	e retired.)				COULTAG		CAADA	ALM
12TH		_:		D	OMES	110				EQUITAE		,UMP <i>P</i>	AIN Y
17. FATHER'S NAME (First, Mile CARTER	ddle, Last)	н	OLM	EC				18. MOTNER'S NA MART		st, Middle, Meiden ANN		NKIN	15
			OLM	-									15
19a. INFORMANT'S NAME (Ty				- 1				and Number or Rural					
JEROME HAN			1 205					TREET/BE	ALL			City or To	
Burlel 2 - Cremetto	n 3 🗌 Remova	trom State		other pla	ice)			metery, crematory or				-	
4 Donation 5 Other	-	SEE		MF21	EKM	STAR		LKY D ADDRESS OF FA	CILITY	I CA	ONZI	ILLE	MD
- John	B.	John	40		V					.н. 11	01	E. N	ORTH AVE.
23. PAR . Enter the di	ssses, or com	pications that	csused	the ds	ath. DV r	not sater th	e mo	de of dying, suc	h ss c	ardisc or respi	ratory s	rest,	Approximate
iMMEDIATE CAUSE (Fin disease or condition		Ro son	int	- On	I F	- P	1 /	.0					Onset and Deat
resulting in death)	a	ODUE TO (C	OR AS A	CONSEC	DUENCE OF	F):							-
		Krew	mo	mi	al								
Sequentially list condition if any, leading to immediate		DUE TO (C	OR AS A	CONSEC	PUENCE OF	F):	-			_			
cause. Enter UNDERLY!! CAUSE (Disease or Injur		Sep	201	4									
that initiated events resulting in desth) LAST		DUE TO (C	OR AS A	CONSEC	DUENCE OF	F):							
resulting in destil) LAS	d												
PART ii. Other aignificat	nt conditions c	ontributing to d	lesth b	ut not n	esuiting	in the unde	riyin	g cause given in	Part i	. 24a. WAS AN	AUTOPSY	246	. WERE AUTOPSY FINDINGS
Hypoal	burning	mic								PERFOR	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE
Damen	tia.	0								1 TES 2	SALO		OF DEATH?
TOAR PUTE	VIlase	wast	1,00	na	P								1 TYES 2 NO
25. WAS CASE REFERRED TO	MEDICAL			900			26. P	LACE OF OEATN (CA	heck onl	ly one)			
EXAMINER?	H	OSPITAL:	EB/Cus-	etlant 3	□ nos	OTHER:							
27. MANNED OF DEATN		26s. OATE OF II	NJURY	-arrent 3	28b. TIM	E OF 2	c. IN.	ie 5 🗆 Residence	7.	DESCRIBE NOW I	NJURY O	CCUREO	
	Pending	(Month, Day	(Year)		INJ	JURY	WC	PRK? YES 2 NO	13:151				
2 Accident	restigation Could not be	28e. PLACE OF	INJURY	— At ho	me, farm,	street, factor	, offic	•	28f. I	LOCATION (Street	and Numbe	or or Rural	Route Number,
	determined	building, a	tc. (Spec	шу)					(City or Town, State)			
290. CERTIFIER 1 CERT	IFYING PNYSICIA	N: To the best of n	ny know	ledge, de	eth occum	ed at the time	, dete	end place, end due	e to the	Causala) and ma	oner as st	rted	
one)		100000											s) and menner es stated.
29b. SIGNATURE AND TITLE	- 0	11									- 201		
Trod A.	1.1	July 1	7	V	111	, 2		29c. LICENSE NU	1 L	15	296, DA	2/0	190
30/NAME AND ADDRESS OF	PERSON WNO	OMPLETED CAUSE	E OF OF	ATH (ITE	M 27) (Turns	Print)		nece	0)		20	110
FOEXPIC	CTIL	JAPT (110	1 HOLAN	110	DAVE:	n.	21/17	5. MN 21>>
31. OATE FILED (Month, Day,	Year)	32. REGISTRAR	'S SIGM		711	()	1)	1/100	111	110	17	1000	mylerice
MAR 09	1990 4	Acha David	-	jonda									

DHMH-16 Rev 1/89

SALTIMORE, MARY AND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be required to the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, sage 5 ahound be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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/IS	ATTE	ECTO S afte	n 28	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be fleed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cramation, or removal.	Te Te	l
	SPITA	FRAI	1	l
	E HO	A MIN	RTAN	l
	E C	D THI e	MP S	l
	-	-0	-	

v attending physician.

	1 - STATE REGISTRAR	STATE OF MARYLA			F HEALTH AND OF DEATH	MENTAL HYGIENE REG. NO.				
	DECEDENT'S NAME (First, Middle, Last) GEORGE	PHILLIP	1	PARKE	ER, SR.	2. DATE OF OEATH MONTH 3-6-90	YEAR	3. TIME OF DEATH 11:00AM M		
-		SEX 6. AGE (In	yrs. lest birthday) YRS.	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year) 12/09/38	Cou	OTHPLACE (State or Foreign intry) BALTO. MD		
	Sa. FACILITY NAME (If not institution, give street	and number)			WN OR LOCATION OF	DEATH	9c. COUNTY OF			
DIRECTOR	JOHNS HOPKINS HOSE	PITAL		BA	LTIMORE C	ITY				
S	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR L	OCATION			10d. INSIDE CITY		
띰	MD		BAI	LTIMOR	Ε			LIMITS?		
FUNERAL	100. STREET AND NUMBER 2433 MCELDERRY ST	REET			101. ZIP CODE 21205		10g. CITIZEN OI	F WHAT COUNTRY?		
BY FUNE	<u> </u>	WAS DECEDENT EVER IN FORCES? 1 12 YES IF YES, GIVE WAR OR DATE KOREAN WAR	2 NO	If ye		NIC ORIGIN? (Specify Yea an, Puerto Rican, atc.)		ACE — American Indian, ack, White, atc. sectly: BLACK		
COMPLETED		ON	18a. DECEDENT'S	work done durin se retired.)	PATION g most of working	16b. KIND OF BUS	NESS/INDUSTRY	,		
	12TH 17. FATHER'S NAME (First, MIddle, Last) AUGUSTA PARKER	ļ	MAIL 3	TOFFER	18. MOTHER'S N	AME (First, Middle, Maiden S		LK CO.		
TO BE	194. INFORMANT'S NAME (Type/Print) BEVERLY PARKER				reet and Number or Rura	I Route Number, City or Town				
	26e, METHOD OF DISPOSITION 1 以 Burlal 2 ☐ Cremation 3 ☐ Removal 4 ☐ Donation 5 ☐ Other (Specify)				VET CEM		NGS MIL			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		22. NAN	ME AND ADDRESS OF	ACILITY				
	WM. C. MARHC F/H 1101 E. NORTH AVENUE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
CATION	shock, or heart failure. List only one cause on each line. iMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	PF):						
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PRIDING ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXX YES 2 NO HEAD ONLY									
ZIAI	25. WAS CASE REFERRED TO MEDICAL	20071			26. PLACE OF DEATH	Check only one)				
PHYSICIAN:	ÄLÄ∑ÄVES 2 ☐ NO 1	OSPITAL: UNITED TO SER/Output			Home 5 - Residence					
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year) 3-5-90	28b. TH	JURY	c. INJURY AT WORK?	Subject f				
ED BY	XXX/ccident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Special	— Al home, farm,			281. LOCATION (Street a City or Town, State)	nd Number or Rur			
COMPLETED	29a. CERTIFIER (Check only one)	N: To the best of my knowled On the basis of examination	edge, death occur	red at the time		us to the cause(s) and men	ner sa stated.			
	296-BISMATURE AND SHILE OF CENTRACK				29c. LICENSE N	UMBER	29d, DATE SIGN	IED (Month, Day, Year)		
TO BE	114 11				OCME		▶ 3-	7-90		
-	FRONK PERETTI, MD				Penn Stre	et,Baltimor	e,MD 21	.201 vo		
	MAR 091990	FULL DELLA COM	The wall							

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	AL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be returned by the houping or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5, would be certificate has been signed by the attending physician and completely filled in by the tuneral death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION	TO THE HOSPITAL OR ATTENDING PH	TO THE FUNERAL DIRECTOR: After thin the filed within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 hours after death within 72 ho	IMPORTANT: If Item 28 is mark

	1. DECEDENT'S NAME (First, Middle, Last)	Taura	Ja. Ja	mes Al	vin Ray	2. DATE OF DEATH	Y YEA	3. TIME OF DEATH	
		JAMES	KAY			3-5	9	9:03 A.M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	C	IRTHPLACE (State or Foreign ountry)	
	215-05-2433		74 YRS.			7-3-1915		Maryland	
œ	9a. FACILITY NAME (If not institution, give				OR LOCATION OF DEA		9c. COUNTY OF DEATH		
DIRECTOR	Harbor Hospita	ll Center		Bal	timore (City			
<u>≅</u>	10a. STATE 10b. COUNT	γ	10c. CITY,	TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?	
붑	Maryland Ann	e Arundel	Gl	Glen Burnie				1 TES 2 TO NO	
AL.	10e. STREET AND NUMBER			1	Of. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	117 Warwickshi	re Lane	Apt. C		21061		U.S	S.A.	
2	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE			CENDENT OF HISPANI pecify Cuban, Mexican	C ORIGIN? (Specify Yea , Puerto Rican, atc.)	or No- 14. F	RACE — American Indian, Black, White, atc.	
ВУ	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR		1 🗆 YE	S 2 M NO Specify:			Specify: White	
	15. DECEDENT'S ED	JCATION	16a, DECEDENT'S U	UAL OCCUPAT	ION	16b. KINO OF BUS	I SINESS/INDUSTI		
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	e completed) College (1-4 or 5+)	(Give kind of wo	k done during n etired.)	nost of working				
립	12th Grade		Supe	rinten	dant	Const	ruction	n	
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	NE (First, Middle, Maiden	Surname)		
BEC	James B.	Ray			Louis	se M. Mo	Cready		
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street	and Number or Rural R	oute Number, City or Tow	n, State, Zip Code	21061	
۴	Mary Violet Ra	ıy	117 W	arwick	shire Lane			Burnie, Md.	
	20e. METHOD OF DISPOSITION 1 ☐ Burial 2 1 Cremetion 3 ☐ Rea	noval from State	20b. PLACE OF DISPOSIT other place)				CATION — City		
	4 Donetion 5 Other (Specify)		Metro Cr				timore	. Maryland	
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	- 1	Geo:	and address of factories J. Gol	nce Funera	l Home	P.A.	
	Honna	1 Trame	rowski			Hwy. Balti			
	23. PART I. Enter the diseases, or			enter the m	ode of dying, such	an cardiac or resp	iratory arreat,	Approximate Interval Between	
IMMEDIATE CAUSE (Finel									
	disease or condition resulting in deeth)	a. Devere . A DUE TO (OR A)	Emphysen	a 10	SPD				
NO N	Sequentially list conditions,	b. OUE TO (OR A	PARNIAE Arry S A CONSEQUENCE OF	Harres.					
CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING		, ,						
필	CAUSE (Disease or Injury that Initiated events	DUE TO (OR A	S A CONSEQUENCE OF):						
	resulting in death) LAST	d							
	PART II. Other significant condition	ns contributing to death	but not resulting in	the underly	ng cause given in i	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
MEDICAL						PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
						1 YES 2	. □ NO	OF DEATH?	
								1 TES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (Che	ck only one)			
EXAMINER? 1 YES 2 NO NO No No No No No No No									
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJUF (Month, Day, Yea	TY 28b. TIME	OF 28c. I	NJURY AT VORK?	28d. OESCRIBE HOW	INJURY OCCURE	D	
ВУР	1 Neture 5 Pending 2 Accident Investigation	(WOIIII, Day, 186	, ,		YES 2 NO				
	3 Suicide S Could not be	28e. PLACE OF INJU- building, etc. (S	JRY — At home, farm, str Specify)	eet, factory, of	fice	28f. LOCATION (Street City or Town, State,		lural Route Number,	
	4 Homicide determined								
PLE	(Crock Only	SICIAN: To the best of my kr	nowledge, death occurred	at the time, di	ite and place, end due	to the cause(a) end ma	nner as stated.		
COMPLETED	one) 2 MEDICAL EXAMIN	IER: On the basia of examine	ation and/or investigation	In my opinion	, death occured at the	time, date and piece, as	nd due to the ca	use(a) and manner as stated.	
		en:			29c. LICENSE NUM	IBER	29d. DATE SIG	GNED (Month, Day, Year)	
ш	296. SIGNATURE AND TIPLE OF CERTIFI	EM:							
BE	296. SIGNATURE AND THE OF CERTIFIC	NO			BA2092	182	3	105/90	
ш	296. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON W	RP	DEATH (ITEM 27) (Type, I	rint)	7		3	105/96	
BE	A Mison	RP	DEATH (ITEM 27) (Type, I	rine) PLERGE	7		HANOVE	105/96 S. Balt, Md.	

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NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 🖰 more		VF. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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ompletely	hin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event,
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	FOR 1 - STATE REGISTRAR	STATE OF N					EALTH AN DEATH			GIENE 3. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Mary V.	Rosbor	rou a h					DATE OF DE	ATH DAY	19	AR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-26-1206	5. SEX 1	6. AGE (In yrs. le		IF UNDER	1 YEAR DAYS	HOURS M	IRS. 7.	Month, Day, 1	Year)		BIRTHPLA Country)	MCE (State or Foreign
2	99. FACILITY NAME (If not Institution, give str 2401 St Stevens	-				TOWN O	R LOCATION O	OF DEATH	1	н			
DIRECTOR	100. STATE 10b. COUNTY				ν, τοwn ο alti							100	d. INSIDE CITY LIMITS? YES 2 NO
UNERAL	100. STREET AND NUMBER 4700 Sayer Avenu	10				101	ZIP COOE				10g. CITIZEN		T COUNTRY?
7	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN	YES 2			f yes, spe	21229 ENDENT OF H ecity Cuben, N 2 (X) NO	lexicen, P			r No- 14.	Black, W Specify:	American Indian, hite, atc.
IPLE I ED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondery (0-12)	ATION completed) College (1-4 or 5		ECEOENT'S 'Give kind of the Do NOT us	work done o	CCUPATIO	N st of working		16b. KIND	OF BUSIN	iESS/INDUST		
T COMPL	17. FATHER'S NAME (First, Middle, Last) Grant Pratt								(First, Middle, Brooks		rneme)		
2	190. INFORMANT'S NAME (Type/Print) Blanche Braggs		1				hens (,	d 21216
	20s METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo 4 Donetion 5 Other (Specify)	val from State	E OF DISPO	SITION (Na	me of cen	Ceme	ry or		20c. LOCA	TION — City	or Town,		
	21, SIGNATURE OF FUNERAL SERVICE LICE	SHIPE -			22.	Mar	ch F/I	H W	est	16			
	23. PART I. Enter the diseases, or shock, or haert fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in daath)	ist only one cer	t caused that dise on each life	torn		the mo	de of dying				itory errest	7	Approximate Interval Between Onset and Death
ILICALION	Sequentially list conditione, if eny, leading to immediate cause. Entar UNDERLYING	OUE TO	(OR AS A CONS	EOUENCE O	F):								
ב	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	Met	OR AS A CONS	EOUENCE O	Pi- Lui	10	Can	cer					amonths
MEDICAL C	PART II. Other eignificent conditions	contributing to	death but not	t resulting	in the ur	nderlyin	g ceuse give	en in Pa		WAS AN A PERFORM YES 2 [EO?	AM CC OF	HER AUTOPSY FINDINGS ALLABLE PRIDT TO DMPLETION DF CAUSE F DEATH? YES 2 NO
25. WAS CASE REPERREO TO MEDICAL EXAMINERY 1								TH (Check		-46.4			
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OI (Month, L	INJURY	286. TIN		28c. INJ WC	URY AT PRK?	26	ed. DESCRIBE		JURY OCCUP	RED	
ובח פ	2 Accident 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE (building	of INJURY — At I	home, farm,	street, fact	tory, offic	•	21	Bf. LOCATION City or Town	(Street en n, State)	d Number or	Runii Rout	te Number,
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC Only 0 MEDICAL EXAMINES												nd manner ea stated.
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Sne	ruse	Mr)		29c. LICENS	SE NUMBE	99	Serger - Ald also Alle, y	29d. DATE S	IGNEO (M	Conth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAL	SE OF DEATH (T	EM 27) (Type	r, Print)	7	ລ	122	4		1		

3. REGISTBAR'S SIGNATURE

MAR 091990

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TEGIOTTIAN				- UL		IOAI	IL OI	DLA			REG. NO			
1. DECEDENT'S NAME (First,	Middle, Last)												YEAR	3. TIME OF DEATH
ROBERT		EUG				_	STARR	_		MARCI		199		9:19 P. M
4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (II	n yrs. last		MONTH	DER 1 YEAR	HOURE	MIN.	7. DATE OF (Month, I	Day, Year)		8. BIRTI	HPLACE (State or Foreign try)
220-18-6688		1 X M 2 🗆 F	6	3	YRS.					NOV.	17 1	926		orida
9a. FACILITY NAME (If not ins	titution, give s	treet and number)				9b, CI	ITY, TOWN	OR LOCAT	ION OF DI	EATH		9c. COU	NTY OF E	DEATH
North Arund	el Hos	spital				G1	len B	urni	e			Anne	e Ar	undel
RESIDENCE OF DEC	10b. COUNTY	1			10c, CIT	Y. TOW	N OR LOCA	TION						10d. INSIDE CITY
Marvland	A	A			01.									LIMITS? 1 YES 2XX NO
10e. STREET AND NUMBER	Anne	Arundel			616	an r	Burni 100	e 1. ZIP COD	E			10a. CIT	IZEN OF	WHAT COUNTRY?
12 Ivy Land	0							2106	1				USA	
11. MARITAL STATUS		12. WAS OECEDER	IT EVER IN	U.S. ARN	MED	1				NIC ORIGIN?	Specify Ver			E — American Indian.
1 Never Married 2XXI	Warried	FORCES?	YES OR DA	2 N	0	- ['	If yes, sp		en, Mexica	n, Puarto Ric		0, 110	Blac	k, White, atc.
3 Widowed 4 Divon	ced	11 720, 0112	an on on		W.II	[]	1 1 12	ZAA	Specif	у.			Spec	White
	DENT'S EDU			16a. DEC	EDENT'S	USUAL	OCCUPATI	ON	lna	16b. K	IND OF BU	SINESS/IN	DUSTRY	
Elamentary/Secondary (0-		College (1-4 or 5	+)	life.	Do NOT us	se retired	d.)	ASE OF WORK	rry	1				
8th	1	lone		P1a	aste	rer				I	oca1	155		
17. FATHER'S NAME (First, Mic	ddle, Last)							18. MOT	HER'S NA	AME (First, Mic	ldia, Malden	Sumame)		
Francis		R.		Sta	ırr			A	line			Von	Amon	
19a. INFORMANT'S NAME (Ty	pe/Print)			19b	MAILING	ADDRE	ESS (Street	and Numbe	or or Rural	Route Number	City or Tow	n, State, Zi	p Code)	
Elsie .	J.	Starr			San	ne a	as 10	e						
20a. METHOO OF OISPOSITION 1X Burlai 2 Cremation	ON Dem	aumi danum Stada	20b.	PLACE C		SITION	(Name of ce	metery, cre	matory or		20c. LO	CATION —	City or To	own, State
4 Donation 5 D Othyr	Specify)	OVIII TOTA SCHIII	M.			Vet	eran	s Ce	mete	rv	Cro	wnsv	ille	Maryland
21. SIGNATURE OF FUNERAL	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
SINGLETON FUNERAL HOME														
22 DAOT I Enter the die	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate													
ahock, or he	ahock, or heert fellure. List only one cause on each line.													
iMMEDIATE CAUSE (Fine disease or condition	el		D	0110		1=	10	-1	1	pm 1				Onset and Death
reaulting in death)	→	e	(OR AS A	2000		-		-1	ry	so-				
		DOE 10	(OH AS A	CONSEC	HENCE O	1):		P	/	2.	-			
Sequentially list condition		b. DUF TO	OR AS A	CONSEC	LIENCE O	D.	V	4	1		all y			-
If any, leeding to immed cause. Enter UNDERLYIF			(0.1.7.0	00020	OLIOL O	• ,.	79	1	7					Ĺ
CAUSE (Disease or Injur		c. OUE TO	(OR AS A	CONSEO	UENCE O	F):		0						-
resulting in death) LAST														1
		d												
PART II. Other aignificer	nt condition	e contributing to	deeth bu	it not re	auiting	in the	underlyir	g cauee	given in	Part I. 2	4a. WAS AN		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
										.	YES 2			COMPLETION OF CAUSE OF DEATH?
														1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL							LACE OF	DEATH (C)	heck only one)				
1 WES 2 NO		HOSPITAL:	ER/Outpi	ntient 3	□ DOA	OTH 4 🗆 N		ne 5 🗆 F	lasidence	6 🗆 Other (Specify)			
27. MANNER OF DEATH		26s. DATE O	F INJURY Day, Year)		26b. TIN	IE OF	28c. IN	JURY AT		28d. DESC	RIBE HOW	NJURY OC	CURED	
	Pending restigation	(inoriti,	ouy, rour)		III	M		YES 2	□ NO					
n C Outside	Could not be	26s. PLACE (OF INJURY	— A1 hor	ne, farm,	atroot, f	factory, offi	ca		261. LOCAT	ION (Street Town, State	and Numbe	r or Rural	Route Number,
4 Homicide	latarmined		area (Opera	'''						City or	rown, state,			
29a. CERTIFIER 1 CERTI	FYING PHYS	CIAN: To the best o	f my knowle	edge, des	ith occurr	and at th	a time dat	a and plac	a and due	to the cause	(a) and ma	nner en et	ted	
enal														(a) and manner as stated.
29b. SIGNATURE AND TITLE			11-11-1		Salli's Andre									
LAW SIGNATURE AND THEE	VIII)	o. Lo	1	1).				Zac. LIC	ENSE NU	(e09		29d. DA	I E BIGNE	D (Month, Day, Year)
30. NAME AND ADDRESS OF	DEDECNI WIT	O COMPLETED 4	IDE OF DE	TH ATE	1 0T) (T)	D-1-11		レン-	40	4-1			_ 3.	-7-10.
RUB	EN	R CIL	O CP	ern (ITEN	17. D), Print)	744	45	FUL	MCE	B+	And	H (Rd blen
31. DATE FILED (Month, Day,	1001	32 MEGISTA	MY'S SIGNA				!					R	0	Md 2,06,

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end.	E.	10
3	23	40

we the hospital or attending physician.

BALTIMORE MARKLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 mm in The FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction and is be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be not BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First,	Middle, Last)									2. DATE OF MONTH	DEATH	v	YEAR	3. TIME OF DEATH	
ROBERT H.	SCHWI	OR .								Marc		199		1:40 A. M	
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In	yrs. last	birthday)	IF UN	DER 1 YEAR		R 24 HRS.	7. DATE OF (Month, De	ly, Ybar)		8. BIRTH Count	HPLACE (State or Foreign	
216-03-29		1 🔀 M 2 🗆 F	88		YRS.	month	THE CALL	Hoone		2-15	-02		Mar	yland	
9e. FACILITY NAME (If not in								OR LOCAT		EATH		9c. COL	INTY OF C	DEATN	
MADONNA-HER		INC.	1			J	arre	ttsvi	lle			Har	ford		
10a. STATE	10b. COUNTY	1			10c. CIT	Y, TOW	VN OR LO	CATION						10d. INSIDE CITY LIMITS?	
Maryland	-				B	alt	imor	e Cit	у					TXXYES 2 NO	
10e. STREET AND NUMBER								10f. ZIP CO						WNAT COUNTRY?	
3115 Mareco	o Avent	ue						212	213			U.	S.A.		
11. MARITAL STATUS 1 Never Married 2	Mandad	12. WAS DECEDED FORCES?								NIC ORIGIN? (S in, Puerto Rica		or No-	14. RAC Blac	E American Indian, k, White, atc.	
3 Widowed 4 Divo		IF YES, GIVE	MAR OR DAT	ES			1 🗆 Y	ES 2 K	Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Spe	y:			Spec	White	
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Elementary/Secondary (C)-12)	College (1-4 or 8	+)		Do NOT u							~ ÷ 00	44		
12				F	rcco.	unt	dill	Torres			ommu		LTON	5	
Adolf Geor		hwier								me (First, Midd ret We		,			
19e. INFORMANT'S NAME (ITHICI		101	MAII INC	ADDE	DECC /P-			Route Number,			in Codel		
Mrs. Ruth S		vans								Air.					
20e, METHOD OF DISPOSIT		Vens	20b.					cemetery, cn		ALL,	_			own, State	
1 X Buriel 2 Crematic 4 Donation 8 Other	on 3 🗆 Rem	oval from State		other pla	Ce)		mete	ry					re.		
21. SIGNATURE OF FUNERA	L SERVICE AN	CENSEE)			AND ADDR					Ť		
Matthews Funeral Home 3021 Eastern Avenue, Baltimore, Md. 21224															
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate															
ahock, or h		List only one ca	use on asc	ch line.	0							1	,	Interval Between Onset and Dasth	
disease or condition	-	(44	Oin	-	1/			11	200	7		3/7	1/90	1/40	
resulting in death)		DUE TO	A PA RO)	ONSEG	UENCE C	F):	RUST		00					11Am	
		seve.	re Sei	nile	e Dei	men	tia					Se	vera	1 Years	
Sequentially flat condit if any, landing to imme	diata		(OR AS A				Dia			Cumaa				7 400 00	
cause. Entar UNDERLY CAUSE (Disease or inju		C					DIS	ease	WI CI.	Synco	pe ———	Se	vera	l Years	
that initisted events resulting in death) LAS	aT .			A CONSEGUENCE OF): lerotic Cardiovascular .					lar T)icasca			m	anu ueare	
Totaling in abatily and		d	LUSCI	5100		Cal	ulov	ascus	.al L	JISEASE			111	many years	
PART II. Other algolfice	ant condition	na contributing to	death bu	t not re	eaulting	in the	a undarly	ing cause	given ir	Part i. 24	la. WAS AN		24	b. WERE AUTOPSY FINDINGS	
										1	PERFO			MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
														1 YES 2 NO	
										_					
25. WAS CASE REFERRED T	TO MEDICAL							PLACE OF	DEATN (C	heck only one)					
1 YES 2 XNO		HOSPITAL:	ER/Outpa	tient 3	□ DOA	4 🗆	HER: Nursing h	iome 5 🗆	Residence	6X Other (S	Specify) B	oard	ing	Home	
27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 29d. DESCRIBE NOW INJURY WORK?								NJURY O	CCURED						
1 Natural 5 2 Accident	Pending Investigation						M 1 [YES 2	□ NO						
	Could not be	28a. PLACE building	OF INJURY -		me, farm,	street	, factory, c	ffice			ON (Street Town, State)		er or Rural	Route Number,	
4 Nomicide	determined						::-								
Correct Orling	TIFYING PHYS	ICIAN: To the best	of my knowle	dge, de	ath occur	red at	the time, o	late end pla	ce, and du	e to the cause	(a) and ma	nner as si	tated.		
one) 2 MEC	DICAL EXAMIN	ER: On the beele of	axemination	and/or i	nvestigati	ion, In	my opinio	n, death oc	cured at th	e time, date er	d place, e	nd due to	the cause	(e) end manner as stated.	
29b. SIGNATURE AND TITL	E OF CERTIFIE	R	1						CENSE NO					D (Month, Day, Year)	
al	llos !	J.C.	12	-	LE	A)		018	779		► M	arch	7, 1990	
30. NAME AND ADDRESS OF				•				Falls	ston,	MD 21	047				
31. DATE FILED (Month, Day	Year) _	32 PREGISTE					•								
MAR	09199	O guhar	Jan disor	مارا	. (

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR		STATE OF MA		DEPART					MENTA	L HYGIENI	E			
1. DECEDENT'S NAME (First,	Middle, Last)									OF DEATH		YEAR	3. TIME OF	DEATH
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4. SOCIAL SECURITY NUMBER	ER 5.	SEX 6	AGE (In yrs. las	st birthday)	IF UNDER	1 YEAR	IF UNDER :	MIN.	(Mont	OF BIRTH h, Day, Year)		8. BIRTH Countr	PLACE (State y)	or Foreign
011-24-4028		X M 2 - F	70	YRS.						5/19		Gree		
Greater Bal		,	Contou		9b. CITY	r, TOWN O	R LOCATIO		ATH		9c. COU	NTY OF D		
RESIDENCE OF DEC		medical	center	. [Tows	on				<u>Ba</u>	ltimor	re
10a. STATE	10b. COUNTY	_		10c. CITY		OR LOCAT							10d. IHSIDE	
MD	В	altimore	<u> </u>		Bal.	timo							1XX YES	
10e. STREET AND HUMBER	timono	Ctuant				101.	ZIP CODE						WHAT COUNT	RY?
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1 Never Married 2		FORCES? 1 FYES, GIVE WAF	YES 2X			If yes, spe		, Mexica	n, Puerto	Ricen, etc.)	01 110-	Black	c, White, atc.	
3 Widowed 4 XXDivo	rced						- Ж	ороси				орис	Wh:	ite
15. DEC (Specify onl	EDENT'S EDUCATION And A service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of t	ON pleted)	(6	ECEDENT'S I	rork done	during mo		7	168	. KIHD OF BUS	IHESS/IND	USTRY		
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17. FATHER'S HAME (First, M	liciclin I not)	4		Tav	rern	Pro	priet			Liquo Middle, Maiden				
Nicholas Sy		s					-534			v Theo	14.00			
19a. INFORMANT'S NAME (19	b. MAILING	ADDRES	S (Street a	nd Number	or Rural I	Route Num	ber, City or Town	, State, Zip	Code)		
Nickolas A	Syropo	ulos		2206	Ken	tuck	v Ave		Ralt.	imore,	Мд	212	13	
20a. METHOD OF DISPOSIT	ION		20th PLACE	OF DISPOS	ITION (N	ame of cen	netery, crem	ntory or		20c. LO	CATION —	City or To	wn, State	
4 Donation 5 Other	(Specify)		Oak	Lawn						Ba	ltimo	ore,	Md.	
21. SIGNATURE OF FUNERA	L SERVICE LICENS			/			ews F			Home				
Unn) S. M	ratch	wal		30	021 1	Easte	rn 1	Ave.	, Balt	imore	e, Mo	1. 212	224
23. PART I. Enter the d ahock, Dr h	iseases, or comeant feiture. List				ot ente	r the mo	de of dyli	ng, suc	h ea cer	dlac or reapl	ratory en	reat,		oximete val Between
IMMEDIATE CAUSE (FI														t and Death
disease or condition resulting in deeth)	→ a	Cardio	-pulmo	nary	Arr	rest								
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Sequentially list condit		LUNGS DUE TO (O	Carcino R AS A CONSE	OMA SQUENCE OF	j:								-i	
if eny, leeding to imme ceuse. Enter UNDERLY	ING	Liver	& Bone	Meta	stas	is								
CAUSE (Disease or Injuthat initiated evente			R AS A CONSE											
resulting in death) LAS	d													
PART II. Other eignifica	ant conditions c	ontributing to d	eath but not	resulting I	in the u	nderlyin	g cause g	iven in	Part I.	24a. WAS AN		246		PSY FINDINGS
										PERFOR			COMPLETIO	
												1	OF DEATH?	2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:														
1 TYES 2 HO		☐ Inpetient 2 ☐ I			4 🗆 Nu	raing Hom	e 5 🗆 Re	sidence	v .					
27. MAHNER OF DEATH	Pending	28s. DATE OF IN (Month, Day)		28b. TIM	E OF URY	WC	URY AT	1	28d. DE	SCRIBE HOW I	HJURY OC	CURED		
2 Accident	Investigation	28e. PLACE OF	M.HERY At b.	ome form o	ational day		YES 2	NO	201.10	CATION (Street a	and Mumba	or Puml	Courte Numbe	,
3 Suicide 6 Homicide	Could not be determined	building, et	c. (Specify)	orine, restrict, t	rivel, HEL	eary, UnitC	•			or Town, State)	HU HUMON	or nural	NUMBER OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE	**
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.														
and and	ICAL EXAMINER: (_											e) and manne	er an stated.
296. SIGHATURE AND TITLE		Constant (1997)					29c. LIG						Month, Day	
(21	thke	Ruto	M	\bigcirc			J	2	359	14	>	3/1	190	
30. HAME AND ADDRESS O	F PERSON WHO C	OMPLETED CAUSE	OF DEATH (ITI	EM 27) (Тура,	, Print)					ļ		1	(1)	
Ruth E. K		D.												
31. DATE FILED (Month, Day,	000	32. REGISTRAR		H										
MAR 09 19	1411 4uh	Davidson	-Navana	-										

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L DIRECTOR; After this certificate has been signed by the attending physician and compretely lined in by the		Į	
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mpietery	2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	I item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical exami	
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29b. SIGNATURE AND TITLE OF LETIFIER M 1 YES 2 NO	3					and discount of		PERFOR	MED?	AM	ILABLE PRIOR TO		
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29b. SIGNATURE AND TITLE OF LETIFIER M 1 YES 2 NO	S		HOSBITAL			PLACE OF DEATH (C	Check only one)						
29b. SIGNATURE AND TITLE OF LETIFIER M 1 YES 2 NO	YSI	1 TYES 2 NO	1 Inpatient 2 ER/Outp		4 - Nursing I		8 🗆 Other (S	Specify)					
2 Accident 3 Suicide 4 Homicide 2 Certifier (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause(e) and menner as atted.				28b. TIR	JURY	WORK?	26d, DESCR	NBE HOW IN	JURY OCCUR	ED			
4 Homicide 4 Homicide 4 Homicide 4 Homicide 4 Homicide 4 Homicide 4 Homicide 4 Homicide 4 Homicide 4 Homicide 5 City or Town, State) City or Town, State) City or Town, State) City or Town, State) City or Town, State) City or Town, State) City or Town, State) City or Town, State) City or Town, State) City or Town, State) City or Town, State) City or Town, State) City or Town, State) City or Town, State) City or Town, State) City or Town, State) City or Town, State)		2 Accident Investigation	28e. PLACE OF INJURY	/ — At home, farm.			28f. LOCATI	ON (Street a	nd Number or F	tural Bouts	Number		
296. SIGNATURE AND TITLE OF CEPTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, You		a Codio not be	building, etc. (Spec	cify)			City or	Town, State)			,		
296. SIGNATURE AND TITLE OF CEPTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, You	P.E	(Check only 1 Ld CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner es stated.											
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W H		29b. SIGNATURE AND TITLE OF CEUTIFIE	ALIA X			29c. LICENSE N	UMBER						
D20708 3/6/90 30. NAME AND ADDRESS OF PÉRSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		30 NAME AND ADDRESS OF BEDROW WITH	10 COMPLETED CAUSE OF THE	ATM (ITEM OF CO.	- Print'	D207	08		3/	6/90			
William Flowers, M.D. 11055 Little Patuxent Pkwy Columbia Md. 21044						Pkwy Col	umbia 1	Md. 2	1044				
31 DATE FILED (Month Day Ver) 32 DECISTRAD'S SIGNATURE		31 DATE FILED (Month One Voor)	22 DECISTRAD'S SIGN	NATURE			//						
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for use as the burial-transit permit. Pages 1, 2, 3 should IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be not TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be rest TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 me filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

tal or attending physician. U 21203-3146

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPA	ARTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S HAME (First, Missin, Last)	Tuen	(ep)	2. DATE OF DEATH MONTH 2	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 229-24-2181 98. FACILITY NAME (If INV. INSITIDIOR, phys. St.	6. AGE (In yrs. last birthda	y) IF UNDER 1 YEAR IF UNDER 24 HRS.	2-24-19 B	BIRTHPLACE (State or Foreign purity) OF DEATH				
TOR	9316 Piedn	wint Ave.	BAITIMO	re City					
DIRECTOR	Mary and 100. COUNTY	10c. 0	SALLIMORE	,	10d. INSIDE CITY LIMITE? 1 YES 2 NO				
FUNERAL	10e. STREET/AND NUMBER	nornt Ave.	101. ZIP CODE	6 4	S, A,				
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 HOO IF YES, GIVE WAR OR OATES	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxica 1 YES 2 NO Specif	n, Puarto Ricen, atc.)	RACE American Indian, Black, Whita, etc. Sperity:				
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elamentary/Secondary (0-12)	completed) (Give kind	T'S USUAL OCCUPATION of work done during most of working T use retired.)	186. KIND OF BUSINESS/INDUST	TRY				
OMP	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surrame)								
BE	Cleophus	Hopkins	OCTA	VIA PRISI					
2	99. INFORMANT'S NAME (Type/Print)	Cole 47	ING ADDRESS (Street and Number or Rural	AUR. BAILO	md. 2120				
	20a. METHOO OF DISPOSITION 1	oval trom State 20b. PLACE OF DISI	POSITION (Name of complety, cremetory or	20c. LOCATION — City	or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LIC	1. Russ	22. NAME AND ADDRESS OFFI DOSEPH FOR	The Ave. BALL	of Home 8, 12/6				
	23. PART I. Enter the diseases, or c shock, or heart fallure.	complications that caused the death. D List only one cause on each line.	not antar the mode of dying, suc	ch sa cardiac or reapiratory screet	, Approximata Interval Between				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	n. My & can he DUENTO FOR AGA CONSEQUENCE	Prifarchia	_	Onset and Death				
ATION	Sequentisily list conditions, if any, leading to immediate cause. Enter INDERLYING	OUE TO (OR AS A CONSEQUENCE	livris						
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST								
AL	PART II. Other algnificant condition	s contributing to death but not resulting	ng in the underlying cause given in	PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE				
PHYSICIAN: MEDIC				1 TYES 2 DAYO	DF DEATH?				
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF OEATN (C	heck only one)					
YSI	1 TYES 2 NO	1 Inpatient 2 ER/Outpatient 3 DO							
ВУ РН	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	TIME OF 10JURY AT WORK? M 1 YES 2 NO	28d. OEŞCRIBE NOW INJURY OCCUR	EO				
	3 Suicide 6 Could not be datarmined	26a. PLACE OF INJURY — At home, far building, atc. (Specify)	m, atraet, factory, offica	261. LOCATION (Street and Number or City or Town, State)	Rural Route Number,				
COMPLETED	one) —	CIAN: To the best of my knowledge, death occ R: On the basis of exemination and/or investig			ause(a) and menner as stated.				
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Ami	29c. LICENSE NU D 26. 8		18 19 O				
5	30. NAME AND ADDRESS OF PERSON WHO	OCOMPLETEO CAUSE OF OEATH (ITEM 27) (I			/				
	31. DATE FILEO (Mosth, Day, Mar) MAR 0.9 1991	32. REGISTRAR'S SIGNATURE GULLA DRUMBON - RAMON	2						

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the committee from the retained by the h	the unexperience page 5 should be detact	1	at eleminar must be notified at one
O THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mans after your. Page or you be retained by the nost	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely misd in by the inner mental page 5 should be detached.	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or germown	properties is no

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF H	EALTH AND I	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)			* *		2. DATE OF DEATH	AY YEA	3. TIME OF DEATH		
	PAKY E	7	UHNER			03 05		7.03 AM M		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	Co	RTHPLACE (State or Foreign ountry)		
- 1	223-18-6325	1 🗆 M 2 💂 F	81 YRS.	MONTHS DAYS	HOURS MIN.	Jan 6,	1909	Virginia		
	9a. FACILITY NAME (If not institution, give str	set and number)		9b. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNTY O	OF OEATH		
DIRECTOR	NORTH ARUNDEL HOS	PITAL		GLEN I	JRNIE	_	A.A.	COUNTY		
Ä	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE LIMITS									
ā	Virginia Nor	thampton C	o.	Exmore,	Virgi	nia		1 TYES 2 XNO		
FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?				
E	RFD #1 Box 22	7 Exmore	, Va.		23350		U.S	.A.		
ا ۾	11, MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES				VIC ORIGIN? (Specify Yes, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.		
BY	1 Never Married 2 Married 3 V Widowed 4 Divorced	IF YES, GIVE WAR OR DA			2 XNO Specif		S	White		
	15. DECEOENT'S EOUC	ATION	16. DECEDENT'S	USUAL OCCUPATION	NI .	185 KIND OF BI	SINESS/INDUSTF			
	(Specify only highest grade of	completed)	(Give kind of life. Do NOT u	work done during mo	st of working	ISB. KIND OF BU	SINESS/INDOST	"		
12	Elementary/Secondary (0-12)	College (1-4 or 5 +)	q							
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		16. MOTNER'S NA	ME (First, Middle, Melder		,				
	Thomas C. Po			Bet	ty Bell					
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a	and Number or Rural	Route Number, City or Tox	vn, State, Zip Code	p)			
5	Thomas L. Tu	rner	N	assawad	lox, Vi	rginia				
	20s. METHOD OF DISPOSITION 1 M Buriel 2 □ Cremation 3 □ Remo		. PLACE OF DISPO other place)	SITION (Name of cer	metery, cremetory or	20c. L	OCATION — City of	or Town, State		
	4 Donation 5 Other (Specify)	var from State	Bell	e Haver	Cemet	ery B	elle H	aven, Va.		
	21. SIGNATURE OF FUNDMAL SHIVICE LICE	90	_	- 1	ND ADDRESS OF FA					
	Hun VI	laugh	ly	Do	oughty ;	Funeral Virginia	Home.	Inc.		
ند ر	23. PART I. Entar the diseases, or co	omplications that caused	d the death. Do					Approximata		
	/ ahock, or heart failure. L	.ist only one cause on e	ach line.	0 /	1.			Onset and Death		
	disease or condition reaulting in death)	esaprine my ottoblese St 8515								
Z		Sever	1 Her	noly ti	are	mic				
J I	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
2	CAUSE (Disease or Injury C. DUE TO JOH AS A CONSEQUENCE OF):									
Ë	that initiated events resulting in death) LAST	Same	15	subote	- ALIV	littes.				
CERTIFICATION		20 year	W. U	10.1/20-	7000					
ᆜ	PART II. Other algnificant conditions	e contributing to death b	out not resulting	In the underlyin	g cause given in		N AUTOPSY PRMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
SC						1 TYES	2 NO	COMPLETION OF CAUSE OF DEATH?		
MEC								1 - YE\$ 2 - NO		
ä										
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P OTHER:	LACE OF DEATH (C	heck only one)				
YSI	1 TES 2 NO	1 Inpatient 2 ER/Outs		4 - Nursing Hor	·	6 Other (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. Til	JURY W	JURY AT DRK?	28d. DESCRIBE NOW	INJURY OCCURE	60		
ВУ	2 Accident Investigation	DA - DI ACE OF IN HIM	4 44 5 4		YES 2 NO	and I DOLTION Com-	and Mumber of O	hand Davis Mambar		
CE.	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe		street, rectory, one	***	28f. LOCATION (Stree City or Town, Stat	e)	oral riodie nomber,		
COMPLETED	one)	CIAN: To the best of my know R: On the basis of examination						use(a) and manner as stated.		
	296. SIGNATURE AND TITLE OF CERTIFIER	V10//	9	110	29c. LICENSE NU	MBER	29d. DATE SK	1000		
TO BE	ma.	INAK	/ 1	10	13320	100	3	15 / 90		
-	GIOLA A. PRAFF. H	.D. 160 CR			#302	GLEN BURNI	L. APY	LAND 21061		
	MAR 09 1990 Ju	32 REGISTRAR SARGE					,			
	I WHILL OF 1990 1									

, y'

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)	VICTOR	ARTH	UR ANSE	MAN	2. DATE OF DE	DAY	YEAR 3.	TIME OF DEATH 6:15AM M	
	4. SOCIAL SECURITY NUMBER 4.33-01-2071 1X/M 2	6. AGE (In yrs.		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIE		Country)	CE (State or Foreign	
	9a. FACILITY NAME (if not institution, give street and number	0		9h CITY TOWN	OR LOCATION OF DE			NTY OF DEATI		
LOH	STELLA MARIS	, 		Towso		AIN .		Baltimore		
2	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY		10c CIT	Y, TOWN OR LOCA	TION			104	I, INSIDE CITY	
DIRECTOR	MARYLAND BALTIMOR	E		TOWSON			LIMIT 1 YES			
FUNERAL	100. STREET AND NUMBER 2300 DULANEY VALLEY			10f. ZIP CODE 21204				S.A.	COUNTRY?	
ξl	11. MARITAL STATUS 12. WAS DEC	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARM				HC ORIGIN? (Spe		14. RACE -	American Indian.	
BY FI	1 X Never Married 2 Married FORCES? 3 Wildowed 4 Divorced FFYES, G	€ио	If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 ☐ YES 2 🛣 NO Specify:			Black, Wi Specify:	WHITE			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a.	DECEDENT'S	USUAL OCCUPATI work done during made retired.)	ON ost of working	16b. KIND	OF BUSINESS/INC	DUSTRY		
PLE	Elementary/Secondary (0-12) College (1-4 or 5+) CLERK				B.& O. RAILI			ROAD	14/4	
8	17. FATHER'S NAME (First, Middle, Last)		LLILL		16. MOTHER'S NA			TOTILD .		
ŏ	VICTOR ANSEMAN				TTA BAN					
BE	19a. INFORMANT'S NAME (Type/Print)	10h MAII INC	ADDRESS /Street	and Number or Rural I			in Code)	-		
2	WILLIAM E. PURDUM	- 1							YLAND21228	
		000 000			metery, crematory or		20c. LOCATION —			
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cramation 3 Removal from State 4 Denation 5 Other (Special)	LOR	RAINE	PARK CE	METERY	Ţ	VOODLAWN			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	.)_:_	4.	LEROY		SSELL C			RAL HOMES , MD.21228	
	23. PART I. Enter the diseases, or complication		dooth Door						Approximate	
	shock, or heart fellure. List only one IMMEDIATE CAUSE (Final disease or condition resulting in deeth)		el Inf	arction					Interval Between Onset and Death	
	Arterio- Selerotic Cardio Vascular Disease									
O	Sequentially list conditions,									
AT	If sny, leeding to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or Injury that Initiated events Due to (or as a consequence of):									
15	d									
2	PART II. Other significant conditions contribution	g to death but n	ot resulting	in the underlyi	ng cause given in	Part I. 24a.	WAS AN AUTOPSY		ERE AUTOPSY FINDINGS	
EDICAL							PERFORMED?	CO	AVLABLE PRIOR TO OMPLETION OF CAUSE	
ED						'U	TES 2 M NO		DEATH?	
Σ								1	YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL				* 100 05 DELTH (C)					
PHYSICIAN:	EXAMINER? HOSPITA			OTHER:	LACE OF DEATH (Ch					
ΥS		2 ER/Outpatien			me 6 - Realdence					
ву рн		rth, Day, Year)	26b. TIN	JURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBI	E HOW INJURY OC	CURED		
	3 Suicide 28e. PL	ACE OF INJURY — A Iding, atc. (Specify)	t home, farm,	street, factory, off	en	28t, LOCATION City or Tow	(Street and Numbern, State)	w or Rural Rout	e Number,	
H	29a. CERTIFIER Chack only CERTIFYING PHYSICIAN: To the b	est of my knowledge	death occur	ad at the time, de	a and place, and dru	to the cause(s)	and manner as ats	atad		
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the best								nd manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER A	lexar	ide	up	D27	O87	29d, DA	TE SIGNED (MO	onth, Day, Year) 08-90	
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED Carla A. Alexander				ggy RD.	Towson	. 11D 2	1204		
	0	STRAD'S SIGNATUS)E	100			,			
	MAR 1 2 1990 Julia Devid	on-Novon								

use as the burial-transit permit. Pages 1, 2, 3 should attending physician. 24203-3146 BALTIMORE, MARY

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR		CERTIFIC	AIE U	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) ODELL G	ANDE	ERSON			2. DATE OF DEATH OF DEATH OF DEATH	9	7 3. TIME OF DEATH	
		SEX 6. AGE (I		DAYS DAYS		7. DATE OF BIRTH (Month, Dey, Year) 6/13/13	8	BIRTHPLACE (State or Foreign Country) S a C .	
TOR	9a. FACILITY NAME (If not institution, give street in the Born TAL RESIDENCE OF DECEDENT	and number) CENTE	R	ALL'	OR LOCATION OF DE	E MD	9c. COUNTY	Y OF DEATH	
REC	10a. STATE 10b. COUNTY Md			TOWN OR LOC				10d. INSIDE CITY LIMITS?	
	100. STREET AND NUMBER			Baltim	OT E		100 CITIZEI	1 FYES 2 NO	
FUNERAL DIRECTOR	-2615 Huron				21230		USA		
B	1 Nover Married 2 Married	WAS DECEDENT EVER IN FORCES? 1 # YES IF YES, GIVE WAR OR DA W. W. 2	2 NO	IND IS DECEMBENT OF HISPANIC ORIGIN? (S) If yes, specify Cuban, Mexican, Puerto Ricar I YES 2 NO Specify:				t. RACE — American Indian, Black, Whita, atc. Specify: Black	
COMPLETED	(Specify only highest grade completed) (G			EDENT'S USUAL OCCUPATION Pe kind of work done during most of working Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY					
ŏ.	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
BEC	Thomas				Alice Gor	don			
2	19a. INFORMANT'S NAME (Type/Print) Victoria Ande:	* Con				Route Number, City or Tow		ode)	
-					St. Balt		230		
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal 4 Donetion 5 Other (Specify)	other place)	ridge Mem. Park 20c. LOCATION – City or Town, State Elkridge, Md.						
	21. SIGNATURE OF EUNERAL BERVICE LICENS	es/) /	ileadowij	22. NAME	AND ADDRESS OF FA	CILITY			
	· Call	step		Es	tep Broth	ers Funera Pl. Balto.	1 Home	P.A.	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Onset and Death ALIGNAUT ARRHYTHMA DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART JI. Other algnificant conditions of 13 ETV 14 N PROS	ontributing to death b	out not resulting in	AS1	Ing cause given in	N AUTOPSY RMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. OTHER:	PLACE OF DEATH (C/	neck only one)			
YSI	1 Tes 2 NO	Inpatient 2 ER/Out	petient 3 DOA 4	☐ Nursing H	ome 5 🗆 Residence				
	27. MANNER OF DEATH Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	YY	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED	
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	/ — At home, term, str clly)			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIAN One) 2 MEDICAL EXAMINER: 0							i. cause(a) and manner as stated.	
TO BE CO	29h. SHENDTURE AND PITTLE OF CERTIFIER	P.R.DEST	H, MB)		29c. LICENSE NU	MBER	29d. DATE :	SIGNED (Mogeth, Day, Year)	
F	30. NAME AND ADDRESS OF PERSON WHO CO HAR BOR, HOSP 31. DATE FILED (Month, June 1997)	MAL SE			HANNE	est, for	ymu	NEILD 7530	
	MAR 1 2 1990 Julie	DEDINESS OF S	4.得						

8 1 - 5 0 1

DHMH-16 Rev 1/89

BACTIMORE, MARYLAND 21203-3146	drs were assessed may be retained by the hospital or attending physic	In botthe commontainer, page 5 should be detached for use as the burial	nedical must be notified at once.
		liled I	E
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 22 months and a second of the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in to the formal control of the Should be detached for use as the burial by find within 70 hours after death with the State Bern of Health and Mariai Hydion prior to burial, certaining or remaining the control of the Should be detached for use as the burial by the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical must be notified at once.

	1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR					MENT	AL HYGIEN				
	DECEDENT'S NAME (First, Middle, Last) MARG	ARET	NANCY N.			ARM	IGER		MON	e of death th -4-90	DAY	YEAR	3. TIME OF DEAT 1:40PM	н
	4. SOCIAL SECURITY NUMBER 217-50-9630	5. SEX 1 M 2 K F	6. AGE (In yrs. Inc. 42	st birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.		E OF BIRTH	7	7 8. BIRTNPLACE (State or Fore Country) Maryland		reign
OR	9a. FACILITY NAME (If not institution, give s UNIVERSITY HOSP)				96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY					9c. COUNTY OF DEATN				
DIRECTOR	residence of decedent 10a. STATE 10b. COUNT Maryland Car	roll		10c. CITY, TOWN OR LOCATION Taney town								10d. INSIDE CITY LIMITS? 1 YES 2 X		
FUNERAL (100. STREET AND NUMBER 25 East Baltimore St.,						. ZIP COD	787			10g. CIT	USA	WHAT COUNTRY?	
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Divorced	fORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				If yes, sp		n, Maxica	in, Puerte	ilN? (Specify Ye o Ricen, etc.)	es or No-	14. RAC Blac Spec	E — American indick, White, etc. White	iri,
COMPLETED	(Specify only highest grade completed) (Elementary/Secondary (0-12) College (1-4 or 5 +)			ECEDENT'S Bive lided of L. Do NOT u	work done se retired.)	during mo	ON st of worki	ng	10	Mass		DUSTRY		
BE CON	17. FATHER'S NAME (First, Middle, Lest) Charles Faber, Sr. Thelma Dixon Faber													
TO E	Ms. Donna Armiger				NUMB ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 205 G Gold Dust Ct., Laurel, Maryland				23					
	1 NBurial 2 Cremation 3 Ramoval from State Office C				ill	Ceme	etery	,			altin		, Maryla	nd
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE KE	evin E.	Ecker			ly F			Home o Ave.,	f Bro	ookly	yn 1d. 212:	25
	a '23. PART i. Énte) tha diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	GUNSH	at caused the duse on each line OT WOUN! O (OR AS A CONSE	o. D TO	ABDC		-	ii i				rreet,	Approxim interval B Onset and	etweer
ATION	Sequentielty liet conditions, If eny, leading to immediate cause. Enter UNDERLYING													
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	d.	OR AS A CONSE	QUENCE C	PF):									
MEDICAL	PERFORMED? XX YES 2 NO OF DEATH?								b. WERE AUTOPSY F AVAILABLE PRIOR COMPLETION OF OF DEATH? YES 2	TO CAUSE				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE	R:	LACE OF S							
ву РНҮ	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28a, DATE O		28b. Til	1	28c. IN.	IURY AT ORK? YES 2		28d. DESCRIBE HOW INJURY OCCURED Subject shot					
	3 Suicide 8 Could not be datarmined 28e. PLACE OF INJURY — At home, farm, a building, atc. (Specify)					nge Silver Doll			llar	Loui	Route Number, nge, Frede	erio		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	SICIAN: To the best of											(a) and manner as s	stated.
TO BE (200 BIGHATURE AND TITUE OF CERTIFIE	All	A	M			29c. LIC	OCMI			29d. DA	3-5-	90 (Month, Day West)	
()	MARIO F. GOLLE 31. DATE FILEO (Month, Day, Year)		U			enn S	Stree	et,ba	alti	more,M	D 212	201		V

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF	DEATH	REG. NO	O.				
	1. DECEDENT'S NAME (First, Middle, Lest)	3			2. DATE OF OEATN	DAY	YEAR	3. TIME OF DEATH		
	MARY	SURDA	FITE		2.	2.	90	1.30 M		
		MO	UNDER 1 YEAR	IF UNDER 24 MRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)		8. BIRTNE Country	PLACE (State or Foreign		
	57928-5567 10 M2 1XF 86	YRS.			June 13		Mary			
~	9e. FACILITY NAME (If not institution, give street and number)		CITY, TOWN	OR LOCATION OF DEA	TN	9c. COU	VITY OF OR	EATN		
DIRECTOR	SO. MARY AND HUSP	ITAL	CX	INTUN	1. G. COUNTY			POUNTY		
EC	100. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCA	TION				10d. INSIDE CITY		
E	MD Prince George	Capit	al Hei	ohts				LIMITS?		
	104. STREET AND NUMBER	Capital Heights 101. ZIP CODE			10g. CITIZEN OF WHA					
ER	630 Mentor Avenue	20743				USA				
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U	S. ARMED	13. WAS DE	CENDENT OF HISPANIC	T OF HISPANIC ORIGIN? (Specify Yes or No- 14			- American Indien, White, atc.		
BY F	1 Never Married 2 Married IF YES, GIVE WAR OR DATE	Z XNO		ecify Cuban, Mexican, 2 NO Specify:	Puerto Hican, etc.)		Specif			
	A									
TED	(Specify only highest grade completed)	6a. OECEDENT'S USI (Give kind of work life. Do NOT use re	UAL OCCUPATI done during material	ON ost of working	16b. KIND OF B	USINESS/IND	USTRY			
PE	Elementary/Secondary (0-12) College (1-4 or 5+)				0 11					
COMPLET	17. FATHER'S NAME (First, Middle, Last)	<u>Homemake</u>	Γ	18 MOTHER'S NAM	Own Hor					
	Not Available			Not Ava		ii odiname)				
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street	and Number or Rural Ro		wn, State, Zip	Code)			
5	William S. Burdette	Rt 2 Bo	x 185	Bryans Ro	ad MD 206	116				
	20a. METNOD OF DISPOSITION 20b. P	LACE OF DISPOSITION (The place)			- Y	OCATION —	City or Tox	wn, State		
		dar Hill	Cemet	erv	Su	tland	MD			
	21 SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME A	NO ADDRESS OF FACI	LITY					
	Dura Mellan	1		t E. Wilh and MD	eim runei	сат но	me			
	23. PART I. Enter the dispases, or complications that caused to	ha daath. Do not	anter the m	ode of dying, such	ss cardiac or ras	piratory an	est,	Approximate		
	ahock, or hadrt fallure. List only one cause on aac	h line.		10	,			Interval Setween Onset and Death		
	disease or condition resulting in death)	in to	vzast	Veni	colan	n				
	DUE TO (OR AS A CONSEQUENCE OF):									
Z	- Julius	nan	Lu	coun	_					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate course for this property in the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of									
3	Cause, Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):									
Ē	that initiated events resulting in death) LAST									
13	d. Marie	42/11		8						
	PART II. Other aignificant conditions contributing to death but	not resulting in t	he underlyir	g cause given in P		N AUTOPSY	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
임					1 _ YES	2 NO		COMPLETION OF CAUSE OF DEATH?		
ME								1 🗀 YES 2 🗌 NO		
ä										
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	10	Z6. F	LACE OF DEATH (Chec	ck only one)					
XS	1 YES 2 NO 1 Inpetient 2 ER/Outpet	ient 3 🗆 DOA 4	☐ Nursing Ho	ne 5 Residence 6						
- 1	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year)	28b. TIME O	Y W	DRK?	28d. DESCRIBE NOV	INJURY OC	CURED			
ВХ	2 Accident Investigation	At home form etc.		YES 2 NO	281, LOCATION (Street	d and Musha	a David	20.00 \$4.00		
ED	3 Suicide 6 Could not be determined 25s. PLACE OF INJURY building, etc. (Specify.)	et, ractory, om		City or Town, Sta		or nural n	iouie Number,		
E I	29e. CERTIFIER									
COMPLETED	(Check only 1 CERTIFYING PHYSICIAN: 10 the best of my knowled									
8		inition investigation,	in my opinion,							
88	296. MONATURE AND SITLE OF CERTIFIER	1 1	7, 1	THE LICENSE NUM	U536	29d. DAT	E SIGNED	(Month Day, Year)		
9	36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	n ofen of the	eval	14 D-6	-17/7		1	8/40		
	A PERSON STONE STONE GROUP OF DEAT	The second second		,			1			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNAT	URE				-				
	FEB 13'90 Julia Davids	on Randall								

use as the burial-transit permit, Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any fours after each of may be may be in 10 THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the tracers director, page 5 be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove improvement; if them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical committee must be no BALTIMORE, M

203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

OHMH-16 Rev 1/89

1	STATE REGISTRAF
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TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR		CI	ERTIF	CAT	E O	F DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	CHARLES	W.	F	BREI	ENB	URG	MON	OF DEATH DO	1990	YEAR	3. TIME OF DEATN 7:15 а м
	4. SOCIAL SECURITY NUMBER 220-44-6280	5. SEX 6.	AGE (In yrs. les	st birthday)	IF UND	DER 1 YEA	-	7. DATE	of BIRTH th, Day, Year)		Count	IPLACE (State or Foreign Y) YLAND
5	9a. FACILITY NAME (If not institution, give s MERIDIAN NURSING						N OR LOCATION OF			9c. COU	NTY OF D	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND	1		10c. CIT	CITY, TOWN OR LOCATION BALTIMORE						10d. INSIDE CITY LIMITS? 1/ YES 2 NO	
FUNEHAL	100. STREET AND NUMBER 367 MARYDELL ROAD	100. STREET AND NUMBER 367 MARYDELL ROAD					101. ZIP CODE 21229				S.A	VNAT COUNTRY?
2	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAR	YES 2 X		1	If yea,	DECENDENT OF HISP apacity Cuban, Maxi (ES 2 NO Spec	can, Puarto	N? (Specify Yea Rican, atc.)	or No—	14. RACI Blac Spec	E — American Indien, k, Whita, etc. #y: WHITE
COMPLEIED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)		(G	ECEDENT'S Sive kind of v Do NOT us	vork dor e retired	ne durina	ATION most of working	t of working		SINESS/INI		
	17. FATHER'S NAME (First, Middle, Last) CHARLES EMIL BREDENBURG						18. MOTHER'S P	NAME (First,	Middle, Maiden		OIII	
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRE	SS (Stre	et and Number or Run	al Route Nur	nber, City or Tow	n, State, Zij	p Code)	
2	HILDA BREDENBURG		367 1	MAR	YDEI	L ROAD, B.	ALTIM	ORE, M	IARYL	AND	21229	
ĺ	20g METNOD OF DISPOSITION 1 (X Burlai 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	mation 3 Ramoval from State COUDON					PARK CEMETERY 20c. LOCATION — City or Town, Stata BALTIMORE, MARYLA					
	21. SIGNATURE OF FUNERAL SERVICE LI	1	- State		1	LERC		USSEL				NERAL HOMES LE, MD.21228
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Approximate interval Between Onset and Death Onset and Death Dee TO (OR AS A CONSEQUENCE OF): DOE TO (OR AS A CONSEQUENCE OF): DOE TO (OR AS A CONSEQUENCE OF): DOE TO (OR AS A CONSEQUENCE OF):											
1	PART II. Other significant condition	ns contributing to d	asth but not	resulting	In tha	undari	ying causa givan	in Part I.	24a. WAS AN PERFOI 1 - YES	RMED?	241	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			QTH		. PLACE OF OEATH (Check only	one)	-		
r Prisician: ME	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 Inpatient 2 E	VJURY	26b, T/M	4 254	28c.	Nome 5 Realdence INJURY AT WORK? YES 2 NO	_	ner (Specify) ESCRIBE HOW	INJURY O	CCUREO	
IED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF building, et	INJURY — At h	oma, farm,	street, 1	actory,	office				er or Aurel	Route Number,
J BE COMPLEIED	(Gridon Grill)				on, in m		29c. LICENSE N	the time, de		nd due to t	the cause(a) and manner as stated. (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WE MARCELINO D. ALBU				11.4	ING	ROAD SUI	ΓE 20	5 BAL	TIMO	RE, I	MD. 21228
	31. DATE FILEO (Morth, Day, Year) MAR 1 2 1990	32. REGISTRAR	'S SIGNATURE	et.								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 years after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriakitransit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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3 within 24 hours after death. Page 6 may be retained by the hosp	mpletely filled in by the funeral director, page 5 should be detache, cremation, or removal.	event, the medical examiner prist be notified at once.	9
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director; page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner prost be notified at once.	

Robert Sawyer, MD.

32. REGISTRAR'S SHARING

MAR 1 2 1990

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND				EALTH AND I	WENTAL	HYGIEN REG. NO.		U	06170
			CENTII	ICAIL	. 01	DEATH					
	1. DECEDENT'S NAME (First, Middle, Last) FRANCIS E. BOHL	AGER, JR.	-				2. DATE O	F DEATH DA	90	3. 1 3	:30 P.M. M
		waren I nam I wa						HRS. 7. DATE OF BIRTH (Month, Dey, Year) 8. BIRTHPLACE (State or For Country) 7/27/31 Maryland			
	9e. FACILITY NAME (If not institution, give street	et and number)		9b. CITY,	TOWN C	R LOCATION OF DE			9c. COUNTY		
TOR	113 Colony Hill Co		Arbutus					Ba1	timo	re	
입	10a, STATE 10b, COUNTY		10c, CIT	Y. TOWN O	R LOCAT	ION				10d	, INSIDE CITY
DIRECTOR	Maryland Balt	imore		butus						500	LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 113 Colony Hill C	ourt			101	21227			U.S.		COUNTRY?
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.				ENDENT OF HISPAN			or No- 14.	RACE -	American Indian,
B	1 Never Married 2 K Merried 3 Wildowed 4 Divorced	FORCES? 1 YES 2	K NO			ecify Cuban, Mexica 2 NO Specify		can, etc.)		Black, Wi Specify:	White
	15. DECEDENT'S EDUCA (Specify only highest grade co	TION 16a	DECEDENT'S	USUAL O	CUPATIO	ON	16b.	KIND OF BUS	INESS/INDUS	ΓRY	
ы		College (1-4 or 5+)	(Give kind of life. Do NOT u	se retired.)	Junny mo	at or working					
립	12th grade		Drive	r			M	ld. Me	dical	Lab'	S
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, M.	iddle, Maiden	Surname)		
0	Francis E. Boh	ager, Sr.				Casimi	ra Ru	dzins	ki		
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street a	nd Number or Rural I	Route Numbi	r City or Tow	n State Zio Co	de)	· - · -
유	Diane Armstrong					. Westm					
1	20e. METHOD OF DISPOSITION	20b. PL/	CE OF DISPO			netery, crematory or		_	CATION — City	or Town.	State
	1 Suriel 2 Cremetion 3 Remov	val from State othe	er place)			ial Park		1	ridge,		
	21. SIGNATURE OF FUNERAL SERVICE LICE		dowlid			D ADDRESS OF FA		1			<i>y</i> ======
	Jeesa	LYA	/			rd Funer Wilkens				Md.	21229
	23. PART i. Enter tha diseases, or co										Approximata
	MMEDIATE CAUSE (Final	ist only one cause on aach	ıına.								Onset and Death
	disease or condition	METASTATIC	CARCT	NOMA	OF '	THE LARY	NX				
	resulting in deeth) a.	DUE TO (OR AS A COM									
2											
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate	OUE TO (OR AS A COM	NSEQUENCE C	F):							
A	ceuse. Enter UNDERLYING										
Ĕ	CAUSE (Diseese or injury that initieted events	OUE TO (OR AS A CON	NSEQUENCE C	F):							
E	resulting in death) LAST										
8	u.										
A	PART II. Other significant conditions	contributing to deeth but n	ot resulting	in the ur	ideriyin	g cause given in	Part i.	24a. WAS AN PERFOR			RE AUTOPSY FINDINGS MLABLE PRIOR TO
용								1 YES 2	□ NO		MPLETION DF CAUSE DEATH?
Ē										1 [YES 2 NO
-											
₹	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (Ch	eck only one)			
PHYSICIAN: MEDICA		HOSPITAL: 1 Inpatient 2 ER/Outpatien	n 3 🗆 DOA	OTHEI		ne 5 🗆 Residence	8 🗆 Other	(Specify)			
¥	27, MANNER OF DEATH	28e. DATE OF INJURY	28b. Til	ME OF	28c. IN.	JURY AT			NJURY OCCUP	RED	
	1 Natural 5 Pending	(Month, Day, Year)	IN	JURY M		ORK7 YES 2 NO					
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY A	At home, farm,	street, faci	tory, offic	:0	28t. LOCA	TION (Street	and Number or	- Rural Route	Number,
COMPLETED	4 Homicide 8 Could not be determined	building, atc. (Specify)					City o	r Town, State			
	29e. CERTIFIER										
MP	(Check only	IAN: To the best of my knowledge									4
Ö	MEDICAL EXAMINER	: On the basis of examination and	wor investigati	on, in my o	жиноп, с	seath occured at the	time, data	and piece, at	u due to the d	=USO(0) 0N	u manner ee stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	8)	100			29c. LICENSE NUI					onth, Dey, Year)
10 E	1 Obert 1	Jawyer	MID			DO 93	337		Ma	rch	9,1990
- 1	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (No.	a Print)							,

ENT Clinic Johns Hopkins Hosp.

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DIVISION OF VITAL RECORDS,	
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flor, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should TO THE HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours at the conficuency of the residued by the attending physician and completely filled in by the fill that the control of the deachs be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF		/ DEPARTMENT		MENTAL	HYGIENE REG. NO.	
)	0 0)			2. DATE O	F DEATH	

	ned-from
	1. DECEDENT'S NAME (First, Middle, Last) MAN WWW BROWN 2. DATE OF DEATH MONTH DAY YEAR 729 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 14 HRS. 7. DATE OF BIRTH (Mapth), Day, Year) (Mapth), Day, Year)
	2/3-07-401/10 M2 PF 94 YRS. 7-8-95 MA.
5	Se. ACILITY NAME (If not institution, give street and number) Se. COUNTY OF DEATH Sec. COUNTY OF DEATH Sec. COUNTY OF DEATH Sec. COUNTY OF DEATH
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
	N/A LIMITS7 1 Pres 2 NO
1	10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY?
Z I	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Indian, Black, While, etc.
	1 Never Married 2 Married FORCES? 1 YES 2 DNO If yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, While, etc. YES 2 NO Specify:
2	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Specify only highest grade completed) (Specify only highest grade completed) (Specify only highest grade completed) (Specify only highest grade completed) (Specify only highest grade completed) (Specify only highest grade completed)
	Elementary/Secondary (0-12) College (1-4 or 5+)
5	17. FATHER'S, NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
10	19a_MTORMANTS NAME (TixperPrint)
2	M. Westports die 1114 Cathedral St.
	208. METHOD OF DISPOSITION 1 BP Surial 2 Cremetton 3 Removal from State 20b. PLACE OF DISPOSITION (Name of comply), organishory or ptlps place) 20b. PLACE OF DISPOSITION (Name of comply), organishory or ptlps place) 20b. PLACE OF DISPOSITION (Name of comply), organishory or ptlps place) 20b. PLACE OF DISPOSITION (Name of comply), organishory or ptlps place)
-	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
	Muy m. Unelace Backs me 21229
	23. PART i. Enter the diameter, or complications that caused the desth. Do not enter the mode of dying, such as cardisc or reapiratory arrest, about, or hear failure. List only one cause on each line. Onest and Death
	disease or condition Preummur a. Aspuntum Preummur
	DUE TO (OR AS A CONSEQUENCE OF):
ALION	Sequentially list conditions, If any, leading to immediate
3	CALLES (Please or Internal School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School School Sch
	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): WWW SEAF LYO DUE TO (OR AS A CONSEQUENCE OF):
3	PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
3	1 Listory of Carcinina Buest PRIOR TO COMPLETION OF CAUSE OF DEATH?
MED	Sende Dementio
AN.	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)
PHTSICIAN:	EXAMINER? 1 YES 2 NO HOSPLTAL: OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)
	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF NJURY WORK? 1
בת פע	2 Accident Investigation 3 Suicide 6 Could not be determined 4 Homicide determined 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
4	29e. CERTIFIER The CERTIFIER I CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
COMPLETED	(Check only One) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and manner as stated.
IO BE C	296. SIGNATURE AND TITLE OF PERTIFIER AUGUST MONTH, Day, 1961) 296. LICENSE NUMBER D20099 29d. DATE SIGNED (Morith, Day, 1961) 2-21-90
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Franklin J Add ISUN mo 924w, north Bul Ballo md
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Junia Devidor - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara - Wandara -

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

or attending physician.

1203-3146

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM BURKE TR. 2. DATE OF DEATH MONTH 3 DAY 9 PM 4. 100 PM									
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. Just birthday) 1. UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN (Morth, Day, 19ar) 8. BIRTNPLACE (State or Foreign MONTHS DAYS HOURS MIN. 8. AGE (In yrs. Just birthday) 9. VRS. 8. AGE (In yrs. Just birthday) 9. VRS. 8. AGE (In yrs. Just birthday) 9. VRS. 8. AGE (In yrs. Just birthday) 9. VRS. 8. AGE (In yrs. Just birthday) 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS. 9. VRS.									
TOR	Se. FACILITY NAME (If not Institution, give street and number) Homewood Hospital - South Baltimore RESIDENCE OF DECEDENT									
DIRECTOR	10a. STATE 10b. COUNTY 10c. GTY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 N YES 2 NO									
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?									
B	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 15. WAS DECEDENT EVER IN U.S. ARMED FORCES? 16. Was DECEDENT OF NISPANIC ORIGIN? (Specify Yea or No- 17. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yea or No- 18. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yea or No- 19. WAS DECEDENT EVER IN U.S. ARMED 10. WAS DECEDENT EVER IN U.S. ARMED 11. WAS DECEDENTENT OF NISPANIC ORIGIN? (Specify Yea or No- 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENTENT OF NISPANIC ORIGIN? (Specify Yea or No- 14. RACE — American Indian, 15. WAS DECEDENTENT OF NISPANIC ORIGIN? (Specify Yea or No- 16. Yes, specify Cuban, Maxican, Puerto Rican, etc.) 16. WAS DECEDENTENT OF NISPANIC ORIGIN? (Specify Yea or No- 17. WAS DECEDENTENT OF NISPANIC ORIGIN? (Specify Yea or No- 18. WAS DECEDENTENT OF NISPANIC ORIGIN? (Specify Yea or No- 19. WAS DECEDENTENT OF NISPANIC ORIGIN? (Specify Yea or No- 19. WAS DECEDENTENT OF NISPANIC ORIGIN? (Specify Yea or No- 19. WAS DECEDENTENT OF NISPANIC ORIGIN? (Specify Yea or No- 19. WAS DECEDENTENT OF NISPANIC ORIGIN? (Specify Yea or No- 19. WAS DECEDENTENT OF NISPANIC ORIGIN? (Specify Yea or No- 19. WAS DECEDENTENT OF NISPANIC ORIGIN? (Specify Yea or No- 19. WAS DECEDENTENT OF NISPANIC ORIGIN? (Specify Yea or No- 19. WAS DECEDENTENT OF NISPANIC ORIGIN? (Specify Yea or No- 19. WAS DECEDENTENT OF NISPANIC ORIGIN? (Specify Yea or No- 19. WAS DECEDENTENT OF NISPANIC ORIGIN? (Specify Yea or No- 19. WAS DECEDENTENT OF NISPANIC ORIGIN? (Specify Yea or No- 19. WAS DECEDENTENT OF NISPANIC ORIGIN? (Specify Yea or No- 19. WAS DECEDENTENT OF NISPANIC ORIGIN? (Specify Yea or No- 19. WAS DECEDENTENT OF NISPANIC ORIGIN? (Specify Yea or No- 19. WAS DECEDENTENT OF NISPANIC ORIGIN? (Specify Yea or No- 19. WAS DECEDENTENT OF NISPANIC ORIGIN? (Specify Yea or No- 19. WAS DECEDENTENT OF NISPANIC ORIGIN? (Specify Yea or No- 19. WAS DECEDENTENT OF NISPANIC ORIGIN? (Specify Yea or No- 19. WAS DECEDENTENT OF NISPANIC ORIGIN? (Specify Yea or No- 19. WAS DECEDENTENT OR NISPANI									
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working gibt. Do NOT use gettired.) 16b. KIND OF BUSINESS/INDUSTRY									
	17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname)									
TO BE	190. INFORMANT'S NAME (Type/Pring) 190. MAILING ADDRESS (Street and Number or Plural Paulie Number, City or Town, State, Tip Code) 1013 WARWICK DR. ADERGES M.D.									
	20e, METHOD OF DISPOSITION 1 Shurlet A Cremeton 3 Immoved from State 4 Denetten 5 Other (Specify) 20b. PLACE OF DISPOSITION (Neffee of cometory, cremetopy of Cambridge of Commence of Cambridge of Commence of Cambridge of Commence of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambridge of Cambr									
	22. NAME AND ADDRESS OF PACILITY Rede Funcial Service No Mankoest.									
-	PARTY. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fallure. List only one cause on each line. MMEDIATE CAUSE (Final									
	disease or condition resulting in death) SMALL CELL CARCINOMA OF LUNG Due TO (OR AS A CONSEQUENCE OF):									
NOL	Sequentially list conditions, if any, leading to immediate									
CERTIFICATION	cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
CER	resulting in death) LAST									
DICAL	PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 PNO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
: ME	1 YES 2 NO									
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
PHYSICIAN: MEDIC	1 YES 2 MO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Raeldence 8 Other (Specify) 27. MANNER OF DEATN 1 Netural 5 Pending 28s. DATE OF INJURY (Month, Day, Year) 28s. DATE OF INJURY (Month, Day, Year) 1 Netural 5 Pending									
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.									
BE	296. SIGNATURE AND TITUE OF CERTIFIER A. C. Chaurlit, M.D. 296. LICENSE NUMBER P16306 296. DATE SIGNED (Mogth, Day, Your) D 3 5 90									
2	A-C-CHOUVALIT, MA. HOMEWOOD HOSP- CENTER.									
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1 - STATE REGISTRAR	STATE OF MARY		MENT OF H			GIENE 3. NO.	00175
1. DECEDENT'S NAME (First, Middle, Last)		1			2. DATE OF DEA	ATH DAY YE	3. TIME OF DEATH
EDWARD J.		ZAK, Sr.		1	MARCH 8	3, 1990	12:05a M
		E (In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Y OCT.		BIRTHPLACE (State or Foreign Country)
99. FACILITY NAME (tl not institution, give stree THE JOHNS HOPKI)	,		96. CITY, TOWN O	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
RESIDENCE OF DECEDENT							
Md.			timore	TION			10d. INSIDE CITY LIMITS? 1 TYES 2 NO
100. STREET AND NUMBER 2736 E. Baltimo	re Street	t		21224	****	10g. CITIZEN	OF WHAT COUNTRY? USA
	12. WAS OECEDENT EVER FORCES? 1 VE IF YES, GIVE WAR OR	I IN U.S. ARMED S 2 ANO	If yes, sp	CENDENT OF HISPAN ecity Cuben, Mexica 3 2 NO Specify	n, Puerto Ricen, e	rtc.)	RACE — American Indian, Black, White, atc. Specify: white
15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	16a. DECEDENT'S U (Give kind of we life. Do NOT use Inspec	ork done during mo retired.)	ON ost of working		of Business/INDUST	
17. FATHER'S NAME (First, Middle, Lest)	WII	Inspec	CO1	18. MOTHER'S NA			
Andrew Barczak				Alexa	ndra W	ilk	
Josephine Barcz	zak			timore		or Town, State, Zip Coo.	de)
20a, METHOD OF DISPOSITION 1 Purlat 2 Cremation 3 Removed 4 Donation 5 Other (Specify)	val from State	other place) St. St.		metery, cremetory or us Cem.		Baltimo:	
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	DLa_DL	22. NAME A	ND ADDRESS OF FA	CILITY		
► \	(dal to					ral Home	
The second	1 POLICIO		3000	E. Bal	timore	St. 2	1224
23. PART I. Enter the diseases, pr co shock, pr heart failure. LIMMEDIATE CAUSE (Final disease pr condition resulting in deeth)	ist only one cause on		Dt enter the mo	oda of dying, suc			
shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition	Hypoxem bue to (or as Nen Kic ul bue to (or as Mijo cardia	each line. Brain A CONSEQUENCE OF A CONSEQUENCE OF	Damage CARDIA ETION	oda of dying, suc			Approximate interval Between Onset and Death
shock, pr heart failure. L IMMEDIATE CAUSE (Final disease pr condition reculting in deeth) Sequentially liet conditions, if sny, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente	Hypoxem Due to (or As Myocardia Due to (or As Due to (or As	each line. Brain B A CONSEQUENCE OF A CONSEQUENCE OF Intarc B A CONSEQUENCE OF	Damage Damage CARDIA DETION	oda of dying, suc	h as cardiac Dr		Approximate interval Between Onset and Death
shock, pr heart failure. L IMMEDIATE CAUSE (Final disease pr condition reculting in deeth) Sequentially liet conditions, if sny, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST	Hypoxem Due to (or As Myocardia Due to (or As Due to (or As	each line. Brain B A CONSEQUENCE OF A CONSEQUENCE OF Intarc B A CONSEQUENCE OF	Damage Damage CARDIA DETION	oda of dying, suc	h as cardiac Dr	T respiratory street AAS AN AUTOPSY PERFORMED?	Approximate interval Between Onset and Death Gays Gays 44b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
shock, pr heart failure. L IMMEDIATE CAUSE (Final disease pr condition resulting in deeth) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in deeth) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Hypoxem bue to (or as bue to (or as bue to (or as bue to (or as bue to (or as bue to (or as bue to (or as	each line. Brain A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A Dut not requiting in	Damage Damage CARDIA DETION THE UNDERLYIN	oda of dying, suc	Part I. 24a. V p	MAS AN AUTOPSY PERFORMED?	Approximate interval Between Onset and Death Gays Gays Gays Lab. Were Autopsy Findings Available Prior to Completion of Cause of Death?
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE WAR 1 2 1990

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IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other fraumatic

TO BE COMPLETED BY FUNERAL DIRECTOR

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	1. DECEDENT'S NAME (First, Middle, Lest) NARY	IRNS	2. DATE OF DEATH MONTH 3 16/95	ZEAR JO C M					
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 XF 6.	MIN. 2/7/195	BIRTHPLACE (State or Foreign Country) USA						
TOR	9a. FACILITY NAME (II not incitiution, give street and number) HOST RESIDENCE OF DESIDENT	OF DEATH Sc. COUNTY	Cher Co						
DIRECTOR	100. STATE 100. COUNTY Baltine C	10c. CITY, TOWN OR LOCATION	re	10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	2336 Pennsylva	a Ave 101. ZIP CODE	P 7	N OF WHAT COUNTRY?					
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT E FORCES? 1 FYES, GIVE WAR	YES 2 NO If yes, specify Cuban,		Black Black					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	166, KIND OF BUSINESS/INDUS	STRY					
OME	t7. FATHER'S NAME (First, Middle, Last)	Florist 16. MOTHE	R'S NAME (First, Middle, Maiden Surneme)						
BEC	Crawford Burns		ances Oliver						
2	190. INFORMANT'S NAME (Type/Print) Mrs. Vera Green		Rural Route Number, City or Town, State, Zip Co. Balto., M.						
	20a. METHOD OF DISPOSITION To Burlel 2 Cremetion 3 Removal from State 4 Dayfelon 5 Other (Specify)	20b. PLACE OF DISPOSITION (Name of cometery, cremeter) ST. Thomas		y or Town, Stata					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	James A.							
	23. PART I. Enter the diseases, pr complications that cause induces, or heart failure. List only one cause immediate cause (Final disease pr condition resulting in death)	eused the death. Do not anter the mode of dyin	g, auch as cardiac pr reapiratory arres	Approximate Interval Between Onset and Daeth 5 weeks					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Inklieted events resulting in death) LAST								
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to de	eath but not resulting in the underlying ceuse gi	ven in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 ☐ YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? t YES 2 NO					
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		NTH (Check only one)						
YSIG	1 VES 2 NO 1 Toppetient 2 E	R/Outpatient 3 DOA 4 Nursing Home 5 Resi							
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28a. DATE OF IN (Month, Dey.	Year) INJURY WORK? M 1 YES 2							
	3 Suicide 6 Could not be detarmined 28s. PLACE OF I building, etc	NJURY — At home, farm, street, factory, offica c. (Specify)	281. LOCATION (Street and Number of City or Town, State)	Rural Route Number,					
COMPLETE	enel	y knowledge, death occurred at the time, date and place, on inflation and/or investigation, in my opinion, death occurred							
BE	29b. SIGNATURE AND TITLE OF CERTIFIED	29c. LICEN	SE NUMBER 29d. DATE:	SIGNED (Month, Day, Year)					
2	30, NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE	OF OEATH (ITEM 27) (Type, Print) 1205 York	Rol Lillen	cle norm					
	31. DATE FRED (Month, Day, Year) 32. REGISTRARY	Renause							

1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIENI REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Last)	5 001	w c			2. DATE OF OEATH DA	4.	
4. SOCIAL SECURITY NUMBER	E BAN	In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0 90	RTHPLACE (State or Foreign
213-76-4022	1 - M 2 XF	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	, co	ountry)
9a. FACILITY NAME (If not institution, give	street and number)	~	9b. CITY, TOWN C	R LOCATION OF DE	EATH	9c. COUNTY O	F DEATH
FRANCIS SCOTT	KEY MEDIC	AL CTR	BA:	LTIMORE		MARY	LAND
10a. STATE 10b. COUNT	Y		Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
MARYLAND		B		RE CITY			1 ☑ YES 2 ☐ NO
10s. STREET AND NUMBER	DOAD		101	21229		100	JSA
11 02 STAMFORD 11. MARITAL STATUS 1 Never Married 2 Married 3 NVIdowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, sp	ENOENT OF HISPAN	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No — 14. R	ACE — American Indien, Black, White, etc. Specify: BLACK
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	16a. OECEOENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION work done during mose retired.)	ON st of working	16b. KINO OF BUS	SINESS/INOUSTR	ry
17. FATHER'S NAME (First, Middle, Last)				10	ME (First, Middle, Meiden	Sumama)	
RTCHARD BANKS	5	10h BIAN INC	Annece /o		BANKS Route Number, City or Town	e State 7to Code	a)
BARBARA FREEM	זא א			ORD ROA		MD	
20a. METHOD OF DISPOSITION 1 Disposition 3 - Ref		other place WES	10 0 0 0 0			CATION — City of	
4 🖒 Donation 5 🗆 Other (Specify)	M	T. AUBU	JRN CEM	ETERY		LTIMOE	RE, MD
21. SIGNATURE OF PUNERAL SERVICE L	O hey	ett	LERO				ERAL HOME
23. PART I. Enter the diseases, or ahock, or hear failure immediate (Final disease or condition resulting in deeth) Sequentiely liet conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. BLAODEA DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A ONOREX	CA CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CON	n: T DE1 n:				Approximate interval Between Onaet and Death
PART II. Other aignificant condition	ona contributing to deeth b	out not reaulting	in the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR	SMEO5	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF OEATH (CI	neck only one)		
1 TYES 2 NO 27. MANNER OF DEATH	1 Onpatient 2 ER/Out	26b, TIM	4 Nursing Hone 4E OF 28c. IN.	JURY AT	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURE	0
Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN		YES 2 NO			
3 Suicide 6 Could not be 4 Homicide detarmined	26s. PLACE OF INJURY building, atc. (Spe	Y — At home, farm, city)	street, factory, offic	28	281. LOCATION (Street City or Town, State)		ural Route Number,
(Critical Drilly	SICIAN: To the best of my know VER: On the basis of examination	0					use(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFI	ER B	KIAN U	EWIS	29c. LICENSE NU		29d. DATE SIG	GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	(HO COMPLETED CAUSE OF O	ET IDENT	m·D	שפע	<u> </u>	5/1	0110
ROBERT DECKM	ANN FRAN	STS SCO	TT KEY	MED.C	TR. EASTE	RN AVE	E, BALT, MD
MAR 1 2 1990	John Davidson	Manage					

page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should may be retained by the hospital or attending physician. **ORE, MARYLAND 21203-3146** DIVISION OF VITAL RECORDS, P.O. BOX 13146,

must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO THE FUNERAL ORFCITOR: After this certificate has been signed by the attending physician and completely filled in by the funer be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ROBERT DECKMANN
31. DATE FILED (Month, Day, Year)

MAR 1 2 1990 Fisher

notified at once. nours after death. Fage TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral diffusion within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner

MAR 12 1990

P. REGISTRAR'S SIGNATURE MAN

to be described for use as the Burtal transit permit. Pages 1, 2, 3 should

of by the hespital or attending physician. MARYLAND 21203-3146

- 9	FOR	,	MARYLAND /	DEPAR	RTMENT	OF H	IEALTH	AND I	MENTAL HY	GIENE	9	0 06176
_	1 - STATE REGISTRAR				ICATE					3. NO.	-	
	1. t. Howard Albert ALBERT HOWARD I								2. DATE OF DE MONTH	DAY	199°C	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIR	TN Year)	8. Bill	RTNPLACE (State or Foreign untry)
	213-28-5866	M 2 F	57	YRS.	MONTHS	DAYS	HOURS	MIN.	4-22	-1932	S	Maryland
	9e. FACILITY NAME (If not institution, give street and number)						ORE (ATH	9c.	COUNTY O	F DEATH
0	UNION MEMORIALHOSPITAL					¬.T.T.Mi	ORE (`T.T.T				
DIRECTOR					Y, TOWN	OR LOCAT	ION					10d. INSIDE CITY
DIR	Md.	Md				Baltimre						LIMITS?
	10e. STREET AND NUMBER						ZIP COD	E		100	. CITIZEN O	F WHAT COUNTRY?
FUNERAL	4307 Greenhi	ill Ave					21	206			U.S.	Α.
5	11. MARITAL STATUS	12. WAS DECEDER	T EVER IN U.S. AR	MED					NIC ORIGIN? (Spen		o- 14. R	ACE American Indian, lack, White, etc.
ВУ	1 Never Married 2 Nerried 3 Widowed 4 Divorced	IF, YES, GIVE Y	MAR OR DATES .		1		2 NO			10.7		pecify:
	15. DECEOENT'S EDU		950-3/2		952 USUAL 0	CCHBATK	201		165 KIND	OF BUSINES	CUMPLICATION	White
	(Specify only highest grade	completed)	(G	ive kind of Do NOT u	work done	during mo	st of world	ng	IOO. KIND	OF BUSINES	S/INDUSTR	
P	Elementary/Secondary (0-12)	College (1-4 or 5		2000	rdei	2				Stee:	1	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			1000	1001		18. MOT	NER'S NA	ME (First, Middle,			
BE C	Howard A. Boy	rd. Sr.						Eli	zabeth	M. 1	Brei	tenbach
TO B	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a			Route Number, City			
F	Mrs. Eileen M.	Boyd		430	7 G1	ceer	hil	1 A	ve. Ba	lto.	. Md	21206
	29a. METNOO OF OISPOSITION ▼□ Burlai 2 □ Cremetton 3 □ Rem	oval from State	20b. PLACE other pi	ace)								r Town, State
	4 Donation 5 Other (Specify)	CHOCE	Garri	son			Ve		Cem.	Ва.	Lto.	Md.
- X	10000	00			24.				iller	Fune	ral H	Home
15	(yarthy	Marie				752	27 H	arf	ord Rd	. Ba	lto.	. Md. 21234
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fallure. List only one cause on each line. Approximate interval Between											
İ	IMMEDIATE CAUSE (Final		Λ	4			0					Onset and Death
	disease or condition resulting in death)		AUOCO OF AS A CONSE	urd	<i>cal</i>	In	tar	cho	m			
O	Sequentially list conditions,		COR AS A CONSE									
Ä	cause. Enter UNDERLYING	If any, leeding to immediate										
E	CAUSE (Disease or Injury that initiated events	oue To	OR AS A CONSE	OUENCE C	P):							
CERTIFICATION	resulting in death) LAST	d										
LC	PART II. Other algnificant condition	ne contributing to	death but not	resulting	In the u	ndariyin	g cause	given in	Part I. 24a.	MAS AN AUTO	OPSY	24b. WERE AUTOPSY FINDINGS
8	Stroke	_								YES 2		AMAILABLE PRIOR TO COMPLETION OF CAUSE
ED	Diabetes								_ ' '			OF DEATH? 1 □ YES 2 NO
2	1 TES 2X NO											
IA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF C	DEATH (Ch	neck only one)			
SIC	1 YES 2 NO	HOSPITAL: 1 Ainpatient 2	☐ ER/Outpetient :	DOA	4 Nu		ne 6 🗆 R	esidence	6 Other (Spec	elfy)		
PHYSICIAN: MEDICA	27. MANNER OF DEATH	28a. DATE O (Month,	F INJURY Day, Year)	28b. TII	JURY	26c. IN.	JURY AT		28d. DESCRIBE	NOW INJUF	Y OCCURE	
ВУ	1 Natural 5 Pending 2 Accident Investigation				M	1 🗆		NO				
	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE building	OF INJURY — At hi , etc. (Specify)	ome, farm,	street, fac	tory, offic	00		26f. LOCATION City or Town		lumber or Ru	ral Route Number,
LET	29s. CERTIFIER	MAN. T. d. b. b. d.	4-1-4-4									
COMPLETED	onel	ICIAN: To the best of ER: On the basis of										se(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE							ENSE NU				NEO (Month, Day, Year)
BE	Jamaialla	Andre	1- MM				20. 200			1	3-	7-90
10	39. NAME AND ADDRESS OF PERSON WI	O COMPLETED CA	JSE OF DEATH (ITE	M 27) (Typ	e, Print)							, , , ,
	TAMARA H	Maric	ID 201	C .	1.11.1	COC	mi	DIV	W/ DA	La		117 21210

VESTRING.

1	-	STATE REGISTR	A
	1. 0	ECEOENT'S	1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF D		REG. NO			
	1. OECEOENT'S NAME (First, Middle, Last)	edward nker	WATTS CONK	ER		2. DATE OF DEATH S	90 8 Am M		
	4. SOCIAL SECURITY NUMBER 234-01-5791	5. SEX 6. AGI	84 YRS. 140	NTHS DAYS HO	11/26/05 Wes			Vest Vieginia	
200	9a. FACILITY NAME (If not institution, give str	reet and number)	/	96. CITY, TOWN OR LOCATION OF DEATH CATONSVILLE			Baltimore		
	10a. STATE 10b, COUNTY	ARUNDEL		Y, TOWN OR LOCATION VERNA PARK			10d. INSIDE LIMITS 1 YES		
127	10e. STREET AND NUMBER		D	10f. ZN	P CODE			N OF WHAT COUNTRY?	
	11. MARITAL STATUS	OBINSON ROA	IN U.S. ARMED	13. WAS DECEND	21146 DENT OF HISPANIA	C ORIGIN? (Specify Ye		U.S.A. 4. RACE — American Indian, Black, White, etc.	
5	1 Never Married 2 Married : X Widowed 4 Divorced	FORCES? 1 TYEE			y Cuben, Mexican, Specify:	, Puerto Rican, etc.)		Specify of te	
	15. DECEDENT'S EDUC (Specify only highest grade	completed)	18e. DECEDENT'S US (Give kind at work life. Do NOT use re	done during most of	f working	16b. KIND OF BU	ISINESS/INDUS	STRY	
	Elamentary/Secondary (0-12)	College (1-4 or 5 +)	SUPERVISO			CHEMICA	AL COM	PANY	
3	17. FATHER'S NAME (First, Middle, Last) ROBERT CONKER			16	OCTIVI	E (First, Middle, Malde			
1	19a. INFORMANT'S NAME (Type/Print)				Number or Rural Ro	oute Number, City or To	wn, State, Zip C		
-	MARY CONKER	T.				A PARK, I			
	20s_METHOD OF OISPOSITION 1 \(\int \text{Burial} \) 2 \(\text{Cremation} \) 3 \(\text{Remote} \) Remote 4 \(\text{Donetion} \) Donetion 5 \(\text{Other} \) Other (Specify)	ovel from State	SUNSET CEN	IETERY		SP		ty or Town, State LL, W.VA.	
	21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	L	LEORY N		SELL C.		FUNERAL HOMES VILLE, MD.21228	
	23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	List only one cause on	each line.					st, Approximate interval Between Onset and Death	
ENITION	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events recuiting in death) LAST	DUE 10 (OH AS	S A CONSEQUENCE OF):	***************************************					
١	PART II. Other significant condition	s contributing to death	but not resulting in	the underlying c	ause given in f		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
3	p	CVA				1 [] YES		COMPLETION OF CAUSE OF DEATH?	
SICIAN: ME		out love	eller as la	<u> </u>		-		1 TES 2 NO	
1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		-		E OF DEATH (Che	ck only one)			
2	1 TYES 2 14NO	HOSPITAL: 1 Impatient 2 ER/O	utpatient 3 DOA 4	THER:					
בעון ומ	27. MANNER OF OEATH 1 Po Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJUR (Month, Day, Yes	r) INJUR	WORK	Y AT	28d. DESCRIBE HOW	INJURY OCCU	JRED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	IRY — At home, farm, stre (pecify)	et, factory, office		281. LOCATION (Stree City or Town, Stat	t and Number o	or Rural Route Number,	
COMPLEIED	CONNECK ONLY	CIAN: To the best of my kn						d. , cause(a) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	rolle	~9	2	9c. LICENSE NUM	BER 4 S	29d. DATE	SIGNEO (Month, Day, Year)	
=	30, NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Po	1 Oth o	rate	of Pin	12 14	ex. wd 21229	
	MAR 1 2 1990 A	dia Davidson-A						,	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pagin	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furjeral dim	ithin
EH	EF	A P
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22. NAME AND ADDRESS OF FACILITY WM. C. MARCH F. H. 1101 E. NORT 23. PART I. Enter the diseases, or complications that caused the dayth. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only Dne cause Dn aech line. IMMEDIATE CAUSE (Final disease or condition resulting in dasth) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR	ta
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PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WRS.AN AUTOPSY PERFORMED? 1 YES 2 NO NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO NO YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES	Approximata interval Betwee Onset and Daat
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 1 Inpatient 2 EXOutpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)	AUTOPSY FINDINGS ABLE PRIOR TO LETION DF CAUSE ATH? YES 2 NO
1 VES 2 NO 1 Indicated 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)	
28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY OF INJURY 28d. DESCRIBE HOW INJURY OCCURED	
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296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month)	umber,
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	umber,
31. DATE FILED (Month, Day, Your) 32. REGISTRAN'S SIGNATURE MAR 1 2 1990 Fulla Davidson-Rondolle	umber,

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR CERTIFICATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	2. OATE OF CEATN	3. TIME OF DEATN
	William V. Caggese	3-9- DAY 1990	3:30 Pm
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH 8. BI	RTNPLACE (State or Foreign a
	162-14-5692 MM 2 IF SI YRS. MONTHS DAYS HOURS MIN.	(Month, Day, Year) 1908 Pe	ANEIS ILUA ATEA
	9a. FACILITY NAME (If not institution, give street and number),- 9b. CITY, TOWN OR LOCATION OF DI		F OFATH
Œ	200 0 5 1 1 1 1		CENTY
5	RESIDENCE OF DECEDENT		
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY
D	MARNAND		1 E TES 2 NO
	10 STREPT AND NUMBER	10g. CITIZEN C	F WHAT COUNTRY?
FUNERAL	304 d. FAGILY Street 212	24 11.	5.8
3	11. MARITAL STATUS 42. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPAL	NIC ORIGIN? (Specify Yea or No- 14. R	ACE — American Indian,
	1 ☐ Never Married 2 ☐ Married FORCES? 1 ☐ YES 2 ☐ NO If yes, specify Cuben Martel IF YES, GIVE WAR OR DATES 1 ☐ YES 2 ☐ NO Specify Cuben Martel IF YES, GIVE WAR OR DATES		leck, White, etc.
BY	3 Widowed 4 Divorced	,	White
0	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KINO OF BUSINESS/INDUSTR	Y
Ē	Elementary/Secondary (0-12) College (1-4 or 5+)	Pol.	GD11
F	6th NSpecter	CITY OT	TOATH HOE
COMPLETED	17. FATHER'S NAME (First, Middle, Lest) 16. MOTNER'S NA	AME (First, Middle, Melden Surname)	1 .
BEC	DOMINIC CAGGESE MARNI	ANN LAC	CALINE
	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Jural	Route Number, City or Town, State, Zip Code,	1
5	PAULINE HAN (Aggest 304 5. FACLEY	54- BAHOM	1 21224
	209. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetor) or	20c LOCATION — City o	Town, State
	1 Burlel 2 Cremation 3 Removel from State 4 Donation 6 Other (Specify)	15p/16.	HAMMILENIA
	21. SIGHLAURE OF FUNERAL BSHVICE LICENSEE 22. NAME AND ADDRESS OF FA	CILITY	
		Zannino Jr. Fun	
	23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, and	Ling St. Balto	
	shock, or heart failure. List only one cause of each line.	on an cardiac or respiratory arrest,	Approximata intervai Between
	IMMEDIATE CAUSE (Final disease or condition	IA ()	Onset and Death
	resulting in death)	Herest	
	DUE TO (OR AS A CONSEQUENCE OF):		
N	Sequentially list conditions,		
Ę	If any, leeding to immediate cause. Enter UNDERLYING		i
ਨੂ	CAUSE (Disease or Injury		
Ë	that initiated events resulting in death) LAST		
CERTIFICATION	d		
	PART il. Other aignificant conditions contributing to death but not resulting in the underlying cause given in		24b. WERE AUTOPSY FINDINGS
DICAL	Parhungonism.	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED	Decreesing mental Status	1 125 2 2 2 100	OF DEATH?
2	- series ing sand sand		1 NES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (C	heck only one)	
Sic	EXAMINER? HOSPITAL: OTHER:		
¥	1 YES 2 DENO 1 Impatient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT	8 ☐ Other (Specify) 28d. OEŞCRIBE HOW INJURY OCCUREI	0
	Notural 5 Pending (Month, Day, Year) INJURY WORK?		
BY	2 Accident investigation	281, LOCATION (Street and Number or Ru	ural Church Alumbar
0	3 Suicide 6 Could not be determined 250. PLACE OF INJUSTY — At nome, farm, street, factory, office building, atc. (Specify)	City or Town, State)	rai noute remost,
COMPLETED	200. CERTIFIER		
4	(Check only Check only Physician: to the best of my knowledge, death occurred at the time, date and place, and du		
Ö	2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the	e time, data and place, and due to the cau	ee(s) and menner as stated.
ш 4	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NU	IMBER 29d, DATE SIG	NED (Month, Day, Year)
0	M. Welmsh M. D. 19-2	7921 3	112/40
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	1	
	3411 Bunk St. But. Mc	- 2122x	
	21 DATE FILED (Month One Wart) 22 DECISTRADES SIGNATURE		

BALTIMORE. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fund be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical exam

should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

notified at once.

etained by the hospital or attending physician. MARYLAND 21203-3146

DHMH-16 Rev 1/89

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospital or attending only siden.	THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-traffest permit. Pages 1, 2, 3 should	e filed within 72 hours after death with the State Dept. of Health and Mertal Hygiene prior to burlal, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOS	TO THE FUN	be filed with	IMPORTAN

BALTIMORE, MARYLAND 212033146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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1. DECEDENT'S NAME (First,									2. DATE	н	DAY		YEAR	3. TIME OF DEATH
		ETTY MA	Y CRAVI	EN					1.00			1990		12:30 A
4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yrs.		IF UNDER	DAYS	IF UNDE	R 24 HRS.	7. DATE (Mont	OF BIRT	N iar)		8. BIRTH Count	IPLACE (State or Foreign
515-10-9036		1 🗆 M 2 💢 F	71	YRS.						11	191			KANSAS
9a. FACILITY NAME (If not ins	stitution, give atre	et and number)			9b. CITY	Y, TOWN	OR LOCAT	ION OF D	EATH			9c. COU	NTY OF 0	EATN
NATIONAL RESIDENCE OF DECI		MEDICAL	CENTER	3		Е	ETHE	ESDA				M	ONTG	OMERY
10a. STATE	10b. COUNTY			10c. C	TY, TOWN	OR LOCA	TION							10d. INSIDE CITY LIMITS?
VIRGINIA		FAIRFAX			M	CLEA	N							1 TES 2 NO
10e. STREET AND NUMBER						10	f. ZIP COO	DE				10g. CIT	IZEN OF Y	WHAT COUNTRY?
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11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED					NIC ORIGI			or No-		E — American Indian, k, White, stc.
1 Never Married 2 X I 3 Widowed 4 Divor		IF YES, GIVE Y	MAR OR DATES	Y				Specif		,	,		Spec	"y: WHITE
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Elementary/Secondary (0-		College (1-4 or 5	+)	Itie. Do NOT	use retired.))	DEC OF WORK	нıy						
		5+		HOUSE	WIFE					Н	OME.			
17. FATHER'S NAME (First, Mic	ddle, Last)						18. MO	THER'S NA	ME (First,	Middle, M	falden S	iumame)		
ERNEST H	USTED	SMITH						ZE	LDA	MAY	CAR	RROL	L	
19a. INFORMANT'S NAME (Ty	/pe/Print)			19b. MAILIN	G ADDRES	SS (Street	and Numb	er or Rural	Route Nun	iber, City	or Town,	State, Zi	o Code)	
JOHN H. CRA	VEN			6251	OLD :	DOMI	NION	DRI	VE,	APT	433	3, M	CLEA	N, VA 22101
20a, METHOD OF OISPOSITION 1 A Burial 2 Cremetion		unt from State		CE OF DISP	DSITION (N	varne of ce	metery, cre	metory or		. 20	Bc. LOC	ATION	City or To	own, Sista
4 Donation 5 Other		VIII TOTT SUITE		INGTON	I NAT	TONA	AL CE	METE	RY		ARI	TNG	TON.	VIRGINIA
21. SIGNATURE OF FUNERAL	SERVICE LICE	NSEE			22	. NAME A	ND ADDR	ESS OF FA	CILITY	RPH	Y FI	INER	AL H	OME
Laure	me /	11/1/2	i e											CH, VA
	er CC	Kear	C.			1102	WES	or Dr	COAD	от,	LW1		Olion	,
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		REGISTRAR 1. OECEDENT'S NAME (First, Middle, Last) RUTH G	RUTH GEI	VEVA Sj<	CHANES		DEATH	3 6	AY 9	YEAR 3. T	TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 216 20 5279	5. SEX 6. AGE	(In yrs. les		NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2/7/192	8	B. BIRTHPLAN Country) Mary	ce (State or Foreign yland
2, 3 should	OR	9a. FACILITY NAME (If not institution, give st HARBOR HOSP	TAL CAV	EK	96	3 AL	OR LOCATION OF DE	ATH		ty of death n/a	1
permit. Pages 1, 2,	DIRECTOR	10a. STATE 10b. COUNTY 1/a				own or Loc		Brooklyn)			1. INSIDE CITY LIMITS?
sit permit.		100. STREET AND NUMBER 3524 Sevent	th Street		1 24.		01. ZIP CODE 21225	71 00 11 11 11	4.14	EN OF WHAT	
the burial-transit	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2XX Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 🔀	NO	If yes, i					American Indian, hile, atc. White
hed for use as	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 9th		(G Ille	ECEDENT'S USI live kind of work Do NOT use re Memakel	done during r tired.)		Domest		OUSEW	ife
d at once.	BE CON	17. FATHER'S NAME (First, Middle, Last) August Gisc	hel				Mae Ed	ME (First, Middle, Meider lith Harmo	n Gis		
e 5 should notified	70	Mr. Edmund N. Ch	naneski	19				Balto., Md			
must be		20s. METHOD OF OISPOSITION 1X Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovel from State	Ced	ar Hil	1 Ceme		Bal	timor		ryland
d in by the tuneral dis or removal, medical examiner		21. SIGNATURE OF FUNERAL SERVICE LIC	Kevin E	. Ec	ker	MCCu 237	ly Funera L. Patapso	Home of to Ave., B	Broo alto.	klyn , Md.	21225
to burial, cremation, imatic event, the	lon	IMMEDIATE CAUSE (Final	a. SEPTL DUE TO (OR AS OUE TO (OR AS OUE TO (OR AS	C A CONSE	SHO	CK		RENTIA		bat,	Approximate interval Batwean Onset and Death
attending process of the ridal Hygiene prior to buria y, or other traumatic	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c. OUE TO (OR AS	A CONSE							
been signed by the t, of Health and Me shows any injui	MEDICAL	PART II. Other algolificant condition	s contributing to death	but not	resulting in t	the underly	ng cause given in		RMEO?	CO OF	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
State Item	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 AO	HOSPITAL:	tpatient :		THER:	PLACE OF OEATH (Ch				
After this certil death with the s marked, or	ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)		28b. TIME O	Υ '	NJURY AT WORK? YES 2 NO	28d. OESCRIBE HOW	INJURY OCC	:URED	
after d	ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUF building, etc. (Sp		ome, farm, stre	et, factory, of	fice	28f. LOCATION (Stree City or Town, Stat		or Rural Route	a Number,
보이트	COMPL	onel only	ER: On the basis of axaminat								nd manner as stated.
TO THE FUNERA De filed within 7 IMPORTANT: 1	O BE (296. SIGNATURE OF CERTIFIE	R-DESAL, 1	40))		29c. LICENSE NUI	MBER	≥ 3	BIGNED (Mc	onth, Day, Ybar) PD
		30. NAME AND ADDRESS OF PERSON WHEN THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPER	TAL CINT	FR	300/	S.H	ANOVER	ST, B	ALTYN	INE	4121230
,		MAR 1 2 1990 Jul	32. REGISTRABIS SIG	13.45							DHMH-16 Rev 1/1

FOR STATE

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CER	TIFICA	TE OF	DEATH		REG. NO			
1. OECEDENT'S NAME (First,	Middle, Last)								E OF DEATN			3. TIME OF DEATN
DONALD		CLAFLI	N		Т	EITR	TCK	Ma	rch 9		YEAR	1:39 PM
4. SOCIAL SECURITY NUMB	FA	5. SEX		yra, last birth		NDER 1 YEAR	IF UNDER 24 HR		E OF BIRTH			PLACE (State or Foreign
3 81 - 12 HED 103 - 112-12					RS. MONT	-	HOURS MIN	. (Mo	nth, Day, Year)		Countr	y)
577-12-9		tXM 2 □ F	6	9 4	7.2			FEB	17 19	921	VASI	HINGTON DC
9a. FACILITY NAME (If not in-	stitution, give s	treet and number)			9b.	CITY, TOWN	OR LOCATION OF	F OEATH		9c. COUN	TY OF O	EATN
1819 DUNI	YOODY	ROAD			l P	ARKV	ILLE			BAL'	TIMO	ORE
RESIDENCE OF DEC		11.0222										
10a. STATE	10b. COUNT	Υ		100	c. CITY, TO	WN OR LOCA	TION					10d. INSIDE CITY
MARYLAND	BALT	IMORE			PARK	VILL	E					1 VES 2 TNO
10e. STREET AND NUMBER						10	f. ZIP CODE			10a, CITIZ	EN OF V	VHAT COUNTRY?
1819 DUN	VIOOD V	DOAD					21234			II.	S.	Α.
	TOODI											
11. MARITAL STATUS	Mandad	12. WAS DECEDEN FORCES? 1	X YES	2 NO		If yes, sp	CENOENT OF NIS	SPANIC ORIG	iiN? (Specify Yai o Rican, etc.)	or No-	14. RACE Black	— American Indien, c, White, etc.
3 Widowed 4 Divo		IF YES, GIVE W	AR OR DAT	ES		1 YES	2X NO Sp	reclfy:			Speci	Y: TOD
			II		!						WH.	ÍTE
15. DEC (Specify only	EDENT'S EDU highest grade	CATION completed)		16a. DECEDE (Give kir	ENT'S USUA	L OCCUPATI	ON pat of working	- 1	6b. KINO OF BU	SINESS/INDI	USTRY	
Elamentary/Secondary (0	-12)	College (1-4 or 5	+)	IIIe. Do N	VOT use retir	ed.)						
12 YEARS		4 YEARS		INDU	STRI	AL E	NGINEE	ER BL	ECTRO	NIC I	MAN	UFACTURING
17. FATHER'S NAME (First, M	iddle, Last)						18. MOTNER'S	NAME (First	t, Middle, Malden	Surname)		
WILLIAM	TA	IADE	DETT	RICK				ROTHY			LAF	I,TN
WILLIAM 19a. INFORMANT'S NAME (7)		IADE	דדייע	_		DECC (C)						
				1000			and Number or Ru					21234
EUGENIA	Ε.	DEITR	ICK	18	19 I	OWNUC	ODY RO)AD E	BALTIM	ORE,	MA	RYLAND
20a. METNOD OF DISPOSITI	ON Bom	ound from State	20b.	PLACE OF D	ISPOSITIO	N (Name of ce	metery, crematory	or	20c. LO	CATION C	ity or To	wn, State
4 □ Donation 5 □ Other		IOVAII TIOTII STATA		REEN	MOUN	1T	CEMETE	ERY	B	ALTI	MOR	E CITY
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	-	7)		22. NAME A	ND ADDRESS OF	F FACILITY_				
· 6/8		-	1	/_	-	WILL	IAM E.	JOH	INSON,	P • A • .	FUN.	ERAL HOME
1100	-		42	-	-	8521	LOCH	RAVE	EN BLV	D.TO	WSO	N,MD21204
ahock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in deeth)		a. DUE TO	Of the	tic Consequen		Came	with 1	liver	metas	dases		Interval Between Onset and Death
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- thet initiated events resulting in death) LAS	diate NG ry	G		CONSEQUEN								
PART II. Other algnifica	nt conditio	ns contributing to	douth hu	t not resul	Itina in th	e underlylr	a cause alver	In Part I	24a. WAS AN	AUTOREV	246	WERE AUTOPSY FINDINGS
					in a		ig cause giver		PERFO	RMED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
												1 YES 2 NO
25, WAS CASE REFERRED T	O MEDICAL						LACE OF OEATH	(Check only	one)			
1 YES 2 NO		HOSPITAL:	☐ ER/Outpa	tient 3 🗆 C		HER: Nursing No	ne 5 Realder	nca a 🗆 Ot	ther (Specify)			
27. MANNER OF GEATH		26a. DATE OF		28	b. TIME OF		JURY AT	28d. E	ESCRIBE NOW	INJURY OCC	URED	
1 Natural 5	Pending	(Month, E	Day, Year)		INJURY	M 1	YES 2 NO					
2 Accident	Investigation	00 PH 40F 6		444								
3 Suicide 6 A Nomicide	Could not be determined	28e. PLACE (building,	etc. (Speci	(y)	rarm, street	, ractory, on	Ce		OCATION (Street ity or Town, State		or Hurai	Hours Number,
- I reconscios	ostal tribued											
CONSCR ONLY		ER: On the best of a										s) and manner as stated.
29b. SIGNATURE AND TITLE	OF CERSON	n - 11					29c. LICENSE	NUMBER		29d DATE	SIGNET	(March, Day, Year)
	1/2	1/1/100					11/	SPZ		.	19	AX
	Jan	May	100.8				116	547			11	110
Paul C	has	2 MA S	601	Lock	Rai	ien Bi	vd, B	other	nort /	ul.	20	39
31. DATE PLANAR	2 199	李康沙西	ET AGO	zującinych	Ullipa	V . P .	1	- 7 //	,	, , ,		

b	_0_	20	200
	death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral he flad within 72 hours after death with the State Deut, of Health and Mental Hydere prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the it he find within 22 hours after death with the State Deut, or Health and Mental Hydlere prior to burial, cremation, or removal.	nedical
		filled Jon.	9
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	certifica	ding phy lyalene	other
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- 1	1 - FOR STATE OF MARYLAI REGISTRAR		NT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
	1. DECEDENT: S. HAME (First, Middle, Lest)			2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
ŀ	Frances E. Davidson 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In	yrs. last birthday) IF Ut	IDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
	214-38-2960 1 DM 2 DF 70	YRS. MONT		'Month, Day, Year) 12-17-19	Virginia
HO I	9a-FACILITY NAME (If porting litution, give street and number)	FIAT B	TY, TOWN OR LOCATION DE DE	eath o Md.	9c. COUNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY	100 CITY TOW	N OR LOCATION	17	10d. INSIDE CITY
Ë	Maryland		ltimore		LIMITS?
	10s. STREET AND NUMBER	Da.	101. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?
FUNERAL	1010 Grove Hill Road		21227	1	U.S.A.
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U		13. WAS DECENDENT OF HISPAN		or No. 14. BACE — American Indian.
BY F	1X Never Merried 2 Merried FORCES? 1 YES IF YES, GIVE WAR DR DATI		If yes, specify Cuben, Maxica 1 YES 2 NO Specifi		Black, White, etc. Specify:
				T	White
	(Specify only highest grade completed)	6e. DECEDENT'S USUA (Give kind of work de life. Do NOT use retin	one during most of working	16b. KIND OF BUSH	NESS/INDUSTRY
2	Elementary/Secondary (0-12) 12th grade Master's Deg.	School '	<u> </u>	Balto C	o. Dept. of Ed.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	Democr		ME (First, Middle, Maiden S	
BE O	Alvis Davidson		Lillia	an Mallory	
2	19a. INFDRMANT'S NAME (Type/Print)	19b. MAILING ADDR	ESS (Street and Number or Rural		State, Zip Code)
	Alvis T. Davidson, Jr.		Box 38 Faber		
	1 Buriel 2 Cremation 3 Removal from State	other place)	(Name of cemetery, crematory or		ATION — City or Town, State
	4 Donetion 5 Other (Specify) Me	tro Crema	tory, Inc.		timore, MD
	A. 63 .4		Hubbard Funer	cal Home, I	
-	News Dmill				imore, MD 21229
	22. PART I. Enter the diseases, or complications that caused to abook, or heart failure. Liet only one cause on sec	the deeth. Do not en th line.	nter the mode of dying, suc	h ae cerdiec or reapire	interval Between
	ahock, or heert failure. Liet only one cause on acc iMMEDIATE CAUSE (Finei disease or condition resulting in deeth) a. HYPREK	the deeth. Do not entry line.	nter the mode of dying, suc	h ae cerdiec or reapire	
Z	ahock, or heert failure. Liet only one cause on acc IMMEDIATE CAUSE (Fine) disease or condition	CLEMICE OF):		th ae cerdiec or reapire	interval Between
ATION	ahock, or heert failure. Liet only one cause on acc IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immadiate	CLETTICE CONSEDUENCE OF): CLETTICE CONSEQUENCE OF):	Pailule		interval Between
FICATION	ahock, or heert failure. Liet only one cause on acc IMMEDIATE CAUSE (Finei disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury	CLETTICE CONSEDUENCE OF): CLETTICE CONSEQUENCE OF):			interval Between
HTIFICATION	ahock, or heert failure. Liet only one cause on acc IMMEDIATE CAUSE (Finel dissess or condition resulting in deeth) Sequentially list conditions, if any, leeding to immadlete couse. Enter UNDERLYING CAUSE (Pleases or injury)	CLETTICE CONSEDUENCE OF): CLETTICE CONSEQUENCE OF):	Pailule		interval Between
CERTIFICATION	ahock, or heert failure. Liet only one cause on accidence of the condition resulting in deeth) Sequentially list conditions, if any, leeding to immadiete ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	Pailulz Lecselzlos		interval Between Onset and Death
AL	ahock, or heert failure. Liet only one cause on accidence of the condition resulting in deeth) Sequentially list conditions, if any, leeding to immadiete ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	Pailulz Lecselzlos	Part I. 24a. WAS AN A PERFORN	UTTOPSY AMAILABLE PRIOR TO COMPLETION DE CAUSE
AL	ahock, or heert failure. Liet only one cause on accidence of the condition resulting in deeth) Sequentially list conditions, if any, leeding to immadiete ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	Pailulz Lecselzlos	Part I. 24a. WAS AN A	AUTOPSY AED? NO NO 24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
AL	ahock, or heert failure. Liet only one cause on accidence of the condition resulting in deeth) Sequentially list conditions, if any, leeding to immadiete ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	Pailulz Lecselzlos	Part I. 24a. WAS AN A PERFORN	UITOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DO FOUNSE
AL	ahock, or heert failure. Liet only one cause on accidence of condition resulting in deeth) Sequentially list conditions, if any, leeding to immadlete ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificent conditions contributing to deeth but	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	Pailulz Lecselzlos	Part I. 24a. WAS AN A PERFORM 1 YES 2	AUTOPSY AED? NO NO 24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
AL	ahock, or heert failure. Liet only one cause on accidence of condition resulting in deeth) Sequentially list conditions, if any, leeding to immadlete cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificent conditions contributing to deeth but	CONSEDUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF:	Pailuft MOSULLOS underlying cause given in	Part I. 24e. WAS AN A PERFORM 1 YES 2 (AUTOPSY AED? NO NO 24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
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TATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1. DEC	CEDENT'S NAME (First, Middle, La:	st)		2	2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF OEATH
W.	ILLIAM C	DONITHAN S	Ro		MARCH 10	1990	11:47 a.m.™
2/	CIAL SECURITY NUMBER 3-26-352	5. SEX 6. AGE (In		UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYN HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JUNIC 13,/	Count	HPLACE (State or Foreign
9n. FA TH	CILITY NAME (If not institution, give E JOHNS HOPKI)	ve street and number) NS HOSPITAL		CITY, TOWN OR LOCATION OF CLUTIMORE	DEATH	9c. COUNTY OF D	
RES	IDENCE OF DECEDENT		Tana CITY TO	OWN OR LOCATION		,	10d. INSIDE CITY
MA	majors		B	Alimore		<u> </u>	LIMITS? 1 YES 2 NO
10e. S	5150 WRI	EHT AUC		101. ZIP CODE 2/20		10g. CITIZEN OF V	S.A.
101	ARITAL STATUS SEPERALA Never Merried 2 Merried 7 Widowed 4 Olvorced		2 NO	13. WAS DECENOENT OF HISP If yes, specify Cuben Mexic 1 YES 2 NO Speci	en, Puerto Rican, atc.)	or No— 14. RACI Blac Spec	k, White, etc.
Ele	15. DECEDENT'S E (Specify only highest gr ementers scondary (0-12)		Iffe. Do NOT use re	done during most of working	16b. KIND OF BUS	of Ba	Hinore
	THER'S NAME (First, Middle, Last)	JACOB DO	w. Than		AME (Figst, Middle, Meiden	Surname)	Dick
19g. lf	NFORMANT'S NAME (Type/Print)	without TR.	1 4	Seneca A	Boute Number, City or Tow	n, State, Zip Code)	Md 21220
1 6 8	METHOD OF DISPOSITION Burlel 2 Cremetton 3 R Donetton 5 Other (Specify)		PLACE OF DISPOSITION	Name of cometery, crematory or Vefepinis Ce	1	CATION - CHY OF TO MERISON	1 411
21. 88	CHAPTER OF FUNERAL SERVICE	Launin	A.	22. NAME AND ADDRESS OF F	ACILITY ANNING Kling 5%	In France	dz1324
makes		or complications that caused are. List only one cause on age	h lina.	enter the mode of dying, su			Approximata interval Between Onset and Deeth
	iting in death		CONSEQUENCE OF):	<u>A with on</u>	04 10/11/		>20 400
if sn caus CAUs thet	uentially list conditione, ny, leading to immediata se. Enter UNDERLYING SE (Diseese or Injury initiated events iiting in daath) LAST	. Left Upp	CONSEQUENCE OF):	sydemovs co	ll lung a	sinces -	3 4000
	T ii. Other significent condi	itions contributing to deeth bu	t not resulting in t	he underlying cause given i	Pert i. 24e. WAS AM PERFOI	RMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. W	AS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	0	28. PLACE OF OEATH (C	Check only one)		
1	☐ YES 2 NO	1 Inpetient 2 ER/Outpa	tient 3 DOA 4	☐ Nursing Home 5 ☐ Residence			
27. M	ANNER OF MEATH Natural 5 Pending Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME O INJUR	Y 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURED	
9	Suicide 8 Could not determine		— At home, farm, atre- (y)	et, factory, office	281. LOCATION (Street City or Town, State	and Number or Rural)	Route Number,
(creck only	HYSICIAN: To the best of my knowled MINER: On the beele of exemination					(e) end manner ea stated.
296. 5	SIGNATURE AND TITUE OF CERT	Amerion	MD	29c. LICENSE N	UMBER	29d. DATE SIGNE	(Month, Day, Year)
1	AME AND ADDRESS OF PERSON	A Simonson		N Wolfe	St, Bo	Grace	MD 21205
III.	MAR 1 2 1000	32. REGISTRAR'S SIGNA					

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THE	문	lled v	ORT
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may he seemed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pay	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be retrieved

1 - STATE REGISTRAR	STATE OF MARY	CERTIFIC		EALTH AND I	REG. NO				
1. DECEDENT'S NAME (First, Middle, Last)		OLIVIII IC	<i></i>	DEATH	2. DATE OF DEATH			TIME OF DEATH	
CARRIE	D+	ANIELS	3		MONTH 0	3:199	EAR S	2:311	A
4. SOCIAL SECURITY NUMBER 217-07-8339	5. SEX 6. AG		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ybar)	98	BIRTHPLA Country)	ICE (State or Fore	ign
90. FACILITY NAME (If not institution, give a		Center	Comment of	Timor	1	9c. COUNT	Y OF DEAT	н	
RESIDENCE OF DECEDENT 10e. STATE / 10b. COUNTY			TOWN OR LOCAT	ION			Lan	d. INSIDE CITY	
MA			0 1	more			1	LIMITS?	0
10e. STREET AND NUMBER	1		101	ZIP CODE		10g. CITIZE		T COUNTRY?	
3606 E	ds elwood &	d.		212	15 n	U.	.S.		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	S 21 NO	If yes, sp		HIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	e or No 1	Bleck, W Specify:	American Indian hite, etc.	
15. DECEDENT'S EDU (Specify only highest grade		18a. DECEDENT'S US (Give kind of wor	rk done during mo	ON st of working	16b. KIND OF BU	JSINESS/INDUS	STRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	HOLLS	rettred.) sewife		R	etire	d		
17. FATHER'S NAME (First, Middle, Last)			JCWIIC		ME (First, Middle, Maide				_
Steven Bowman	1				cence	ii Surreme)			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural	Route Number, City or To	wn, State, Zip C	ode) 7 0	1 =	
Eleanor Hill		3606	Edgewo	od Road	d Balto.	, MD.	212	15	
20e. METHOD OF DISPOSITION 1	oval from State	Druid R				OCATION CI	ty or Town,	State	
21. SIGNATURE OF FUNERAL SERVICE LIE	CENSEE		22. NAME A	ND ADDRESS OF FA	CILITY		17	21-27	
Doutha H	ector	#281	E.L.	Phillip	s Funer	al Ho	me N	.Monro	oe
_		S A CONSEQUENCE OF):							
CAUSE (Disease or Injury that initiated events resulting in death) LAST		therescle							
PART II. Other significant condition	ns contribution to deat	but not reaulting in	the underlyin	g cause given in	PERF	N AUTOPSY ORMED?	AV	ERE AUTOPSY FIN MILABLE PRIOR TO IMPLETION OF CA	O
					1 TYES	2 N NO	OF	DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (C)	neck only one)				
1 YES 2 NO	HOSPITAL:		OTHER:	e 5 🗆 Residence	6 Other (Specify)				
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUI (Month, Day, Yea	RY 28b. TIME INJUI	RY WO	PURY AT DRK? YES 2 NO	28d, DEŞCRIBE HOW	INJURY OCCU	RED		
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	URY — At home, farm, str Specify)	reet, factory, offic	•	281. LOCATION (Stree City or Town, State		Rural Rout	e Number,	
(Orach Oray	ICIAN: To the best of my ke							nd manner as ste	rted.
29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	MBER	29d. DATE	SIGNED (M	onth, Day, Year)	
			Print)						-
30. NAME AND ADDRESS OF PERSON WI				splml	south B.	alt w	0		
	ESA	Hanevoor		spimi	sam B.	alt w	0	-	_

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	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR						YGIENE EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) Minnie				Dor	sey			2. DATE OF D MONTH March	5, 199	90 YEAR		ME OF DEATH	
	4. SOCIAL SECURITY NUMBER 220 - 18 - 4141	4. SOCIAL SECURITY NUMBER 220-18-4141 5. SEX 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				INDER 1 YEAR IF UNDER THIS DAYS HOURS		24 HRS. MIN.	7. OATE OF B (Month, Day 8/25	1 / 23	a. BIRTHPLACE (Country) Maryla			n
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY,	TOWN O	R LOCATI	ON OF OE		- V	COUNTY OF I	HTASC		
PO P	Maryland General	. Hospita	1]	Balt	imor	ce Ci	ty					
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	γ		10c, CIT	Y, TOWN O	R LOCAT	ION					10d.	INSIDE CITY	
R	MD.				Balt	imo	re					1	LIMITS? YES 2 NO	1
	10e. STREET AND NUMBER			<u> </u>	Darc		ZIP COD	E		10g.	CITIZEN OF			
ER/	348 Suter Road	d					212	28			U.S.			,
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN	IT EVER IN U.S. AR	MED IO	- 81	yea, spe	ENDENT C	OF HISPAN	n, Puerto Rican	ecify Yea or No-	- 14. RAC Biac	ck, Whit	merican Indian, ta, atc.	
COMPLETED B	Specify only highest grade Elementary/Secondary (0-12)	(G #6.	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) School Teacher Retired											
Ö	17. FATHER'S NAME (First, Middle, Lest)						18. MOT	HER'S NA	ME (First, Middle	, Maiden Sumam	10)			
BE (Isaiah A. Do	orsey					S	aral	n Gree	en				
TO E	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	nd Number	r or Rural I	Route Number, C	ity or Town, State	, Zip Code)			
-	Alberta D. Bi	riggs	3	3704	Den	nly	n R	d. I	Balto,	MD.	2121	5		
	20e. METHOD OF DISPOSITION 1 DC Buriel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	novel from State	20b. PLACE other pl	OF DISPOS	,			,	terv	20c. LOCATION	I — City or T	own, St	tota.	
	21. SIGNATURE FUNERAL SERVICE LI	./ /	#21		22. 1	NAME AN	D ADDRE	SS OF FA	CILITY	neral			21-27	
	23. PART I. Enter the disease, or ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one car	use on each line		not enter								Approximats Interval Betw Onset and D	veer
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	TY OF CE	QUENCE O	F):	cula	r a	ccid	ent					
9								_						_

Urinary tract infection Malnutition

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS 1 TYES 2 X 100

29d. DATE SIGNED (Month, Day, Year)

3/5/90

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

Chronic renal insufficiency: WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:

5 Pending Investigation

1 WES 2 2000

27. MANNER OF DEATH

XXX Wetural

2 Accident 3 Suicide

Hypertension 26. PLACE OF GEATH (Check only one) OTHER:

1 Sinpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide

29a. CERTIFIER
(Chack only) 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, deta and place, and due to the cause(a) and manner as stated. INDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and placa, and due to the cause(a) and manner as stated.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TTP 27) (Type, Print)

Thomas Teather, M.D.

c/o Maryland General Hospital

n/a

29c. LICENSE NUMBER

31. DATE FILEO (Month, Day, MAR 1 2 1990 132. REGISTRAR'S SIGNATURE

Pages 1, 2, 3 should

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Par 6 per permissioned by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of many months is usually be detached the matter of the funeral of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of the funeral properties of th	69
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AL O	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the fand within 20 hours after death with the Case Days of Health and Memai Honison prior in burial crimination or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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29b. SIGNATURE AND TITLE OF CERTIFIER

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

AC.

1932 REGISTRARIS SIGNATURE CASE

Gracito V. Patricio, M.D.P.A., 8903 Harford Road, Baltimore, Md.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH MARCH 10,1990 7:48 P.M. M ARNETTA CROSBY FALDEN 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In vrs. lest birthdev) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MARCH 10, 1904 MONTHS DAYS HOURS MARYLAND 213 12 6644 1 🗌 M 2 💢 F 86 VDS 9e. FACILITY NAME (if not institution, give street and number) 96 CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ST. JOSEPH HOSPITAL TOWSON BALTIMORE RESIDENCE OF DECEDENT 10d. INSIDE CITY 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE HEREFORD MARYLAND 1 - YES 2 X NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 16720 HEREFOED ROAD 21111 U. S. OF A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced **BLACK** COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5+) 0 - 5PRIVATE FAMILY DOMESTIC 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) WILLIAM CROSBY **JENNY** CROSBY BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MONKTON, MARYLAND 21111 MRS. ARNETTA D. WALKER 16720 HEREFORD ROAD 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 200. METHOD OF DISPOSITION 20c. LOCATION --- City or Town, State 1 N Burial 2 Cremetion 3 Removal from State WESTERN STAR CEMETERY 3/14/90 CATONSVILLE, MD. BALTO.CO ☐ Donetion 5 ☐ Other (Specify) 21. SIGNATURE OF WIRAL SERVICE LICENSES LEWIS T. GWYNN FUNERAL HOME 21215-6393 4517 PARK HEIGHTS AVE. BALTIMORE, MARYLAND 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. Liet only one ceuse on sech line. **Approximata** interval Between **Onset and Death** IMMEDIATE CAUSE (Fine) disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF if any, leading to immediate e. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 THO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO 1 ☐ Inpatient 2 📉 ER/Outpatient 3 ☐ DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Investigation Accident 3 Sulcide 28e. PLACE OF INJURY --- Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) ETED 6 Could not be 4 Homicide COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

29c. LICENSE NUMBER

D08358

29d. DATE SIGNED (Month, Day, Year)

3/12/90

BALTIMORE, MAINLAND 21203-3146	IDING PHYSICIAN: The law requires that the death certificate be executed within 29 yours after death. Page 6 may be retained to amending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 show, be districted in use as the numerican permit. Pages 1, 2, 3 should death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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ON OF VITAL RECORDS, P.O. BOX 13146,	require	After this certificate has been signed by the attending physician and completely filled in by the fideath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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OF	PHYSI	this ce	arked,
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	1 - STATE REGISTRAR				ERTIF	ICATE (MENIA	L HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First,		Ver	non Fi	sher				2. DATE MONT	OF DEATH	-90	YEAR	3. TIME OF DEATH M
	4. SOCIAL SECURITY NUMB 220-14-7930	ER	5. SEX	6. AGE (In yrs. is	sst birthday) YRS.	IF UNDER 1 YE	AR IF UNDE	R 24 HRS. MIN.	(Month	OF BIRTH h, Day, Year) .4/25	Ĭ	8. BIRTH	PLACE (State or Foreign
R.	9a. FACILITY NAME (If not ins	·		04		96. CITY, TOWN OR LOCATION OF DEATH Baltimore							
뜅	RESIDENCE OF DEC				_				-				
DIRECTOR	Md.	10b. COUNT	Y		10c. CIT	Bal	imore						10d. INSIDE CITY LIMITS? 1 YES 2 NO
BAL	100. STREET AND NUMBER	05 Els	inore Av	e.			10t. ZIP CO	215			10g. CITI	ZEN OF W	HAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divor		IF YES, GIVE	NATION DATES	RMED NO	If ye		OF HISPAN	n, Puarto I	N? (Specify Yes Rican, etc.)	or No	14. RACE Black	- American Indian, t, White, etc.
COMPLETED		EDENT'S EDU highest grade			Give kind of le. Do NOT u	work done during retired.)	PATION g most of work	ing	16b	Gener			Cor.
	17. FATHER'S NAME (First, Mi	iddle, Last)	?				18. MO	THER'S NA		Middle, Maiden S	Sumama) oden		
TO BE	19a. INFORMANT'S NAME (7) Delores		ingley	1		W. Ro				ber, City or Town	212		
	20a, METHOD OF DISPOSITI 1 Burial 2 Crematio 4 Donation 5 Other	n 3 🗆 Rem	oval from State	20b. PLAC other Gar	e of oispo place) T1SOT	SITION (Name	t Vet	ematory or erans			ings		un, Stata 1s, Md.
	21. SIGNATURE OF FUNDRAL	L SERVICE LI	CENSEE	ess		Es		rothe	rs F	uneral		e P.	
- 1	23. PART I. Enter the di	seasea, or	complications th	at followed the	leath. Do								Approximata
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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

212-05-2773

613 OLD HOME RD. RESIDENCE OF DECEDENT

DOROTHY

9a. FACILITY NAME (if not institution, give street and number)

D.

5. SEX

FUNK

1 M 2 X F

6. AGE (In yrs. lest birthdey)

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requires that the death certificate be executed signed by the attending physician and or Heath and Mental Hygiene prior to bur shows any Injury, or other traumatic	CERTIFICATION			d					
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that the ned by the and any in	PHYSICIAN: MEDICAL								
requires tha seen signed of of Health a	W								
e law requestable been Dept. of 23 sho	ä								
E e E	S	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:	28. PLACE OF	DEATH (
SICIAN: The certificate the State	YSI	1 TYES 2 NO		1 Inpatient 2 I E		3 🗆 DOA	4 🗌 Nursin		Residenc
PHYSICIAN: this certifical with the Starked, or 10c	표	27, MANNER OF DEATH	Pending	28a, DATE OF IN (Month, Day,	Year)	28b. TIME		8c. INJURY AT WORK?	□ NO
DING PHYSI After this of death with I	B	2 Accident	Investigation	28e. PLACE OF I	M RIDV As b	ome form st	reat factor		NO
ATTENDING ECTOR: After rs after death n 28 is ma	TED	3 Suicide 6 Homicide	Could not be datarmined	building, ato	. (Specify)	ome, rem, s	rest, rector	y, ornes	
	ш	20. CERTIFIER						111	
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TO THE HOSPITAL DR A TO THE FUNERAL DIREC SE filed within 72 hours	BE	200. SIGNATURE AND TITE	OF CERTIFI	ER	. 11		10	29c. LIC	CENSE N
5 5 5 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2	From Wel		141079 HE	WIEW	AMILIE	1	0.6	100
	1	36. NAME AND ADDRESS	4		OF DEATH (IT	EM 27) (Type	Print)	21-	
		DR. STANLE		SENBERG	E.	MEGA	34	d D.Oz	
	1	31. DATE FILED (Month, De	y, rear)	32. REGISTRAR	a SIGNALUHE		-		

90 06189

2. DATE OF DEATH MONTH 3. TIME OF DEATH VEAR 1990 9:50 MARCH BIRTHPLACE (State or Foreign Country)

7. OATE OF BIRTH (Month, Day, Year) SEPT. 28. MARYLAND 1903 9c. COUNTY OF DEATH

9b. CITY, TOWN OR LOCATION OF DEATH

BALTIMORE BALTIMORE

10d. INSIDE CITY LIMITS? 1 - YES 2 X NO

10g. CITIZEN OF WHAT COUNTRY? U.S.A. 06

14. RACE — American Indian, Black, White, etc. NIC ORIGIN? (Specify Yes or No-Specify: WHITE

16b. KIND OF BUSINESS/INOUSTRY

MOTOR VEHICLE ADMIN AME (First Middle Maiden Surname)

LIE ROSSEL

Route Number, City or Town, State, Zip Code)

LTIMORE MD. 21206

20c. LOCATION — City or Town, State BALTIMORE MARYLAND

FACILITY BALTIMORE MD. 21214

RUCK INC. 5305 HARFORD RD. Approximata

ch as cardiac or respiratory arrest,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

In Part I.

24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Intarval Batween Onset and Death Res Pres

1 YES 2 NO

Check only one)

e 8 Other (Specify)

28d. OESCRIBE HOW INJURY OCCURED

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

fue to the cause(e) and menner as stated.

the time, data end place, and due to the cause(a) and manner as stated.

29d. DATE SIGNED (Month, Day, Year)

PAH E

MAR 1 2 1990 Fiche Saidson Rondon

DHMH-16 Rev t/89

W # 18 11

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

(BALTIMORE, MARYLAND 21203-3146	me ned to the hospital or attending physician.	ex should be reached for use as the burial-transit permit. Pages 1, 2, 3 st)	s notified at once.
1	DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMORE,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may recent to the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages is a shear should be reached for use as the burial-transit permit. Pages 1, 2, 3 sh	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND .	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF DEAT	ΓH		REG. NO.

1 · STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL	HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	4					OF DEATH		3. Т	IME OF OEATH
					MONTH	DAY		EAR	М
FREEMAN D	GLISSON 5. SEX 8. AGE	7	UNDER 1 YEAR	IF UNDER 24 HRS.	MAR 7. DATE (OF BIRTH	199		E (State or Foreign
	1 M 2 F		THS DAYS	HOURS MIN.	(Month	Day, Year)	1	Country)	E (otato or rorogn
267-26-3173	X	61			AUG	29 19	228 F		TA
9a. FACILITY NAME (If not institution, give str	reet and number)	9b.	CITY, TOWN O	R LOCATION OF DE	ATH		9c. COUNTY	OF DEATH	
3206 Abell Ave.			Bal	timore					
10a. STATE 10b. COUNTY			OWN OR LOCATE						INSIDE CITY LIMITS?
Maryland		Bal	timore.					11	YES 2 NO
10e. STREET AND NUMBER			10f.	ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
3206 Abell Ave.				21218			TT S	5.A.	
11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED		ENDENT OF HISPAN	IC ORIGIN	? (Specify Year			merican Indian.
1 Naver Married 2 Married	FORCES? 15 YES	2 NO	If yes, spe	cify Cuban, Mexica	n, Puarto R			Bleck, Wh	ite, etc.
3 Widowed 4 Drivorced	IF YES, GIVE WAR OR D	ATES	1 YES	2 NO Specif	γ:			Specify:	
15. DECEDENT'S EDUC	WW11	16a. DECEDENT'S USU	IAL OCCUPATIO	A.	405	KIND OF BUSI	TEGE (INDUIS)		hite
(Specify only highest grade	completed)	(Give kind of work life, Do NOT use rel	done during mos	at of working	100.	KIND OF BUSI	AE22/IMD02	IMT	
Elementary/Secondary (0-12)	College (1-4 or 5+)	INC. DO NOT USE TEL	irou.)						
12		Salesman	1			Furni	ture :	Indus	try
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, A	fiddle, Maiden S	umame)		
Freeman S.	Glisson			Maude		Vins	on		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street as	nd Number or Rural				ide)	
Dit. E Clincon		Como	# 1	0				,	
Rita E. Glisson			<u>as # 1</u>					-	
20a. METHOD OF DISPOSITION 1 □XBurial 2 □ Cremation 3 □ Remo	oval from State	 PLACE OF DISPOSITIO other place) 	ON (Name of cen	etery, crematory or		20c. LOC	ATION — City	or Town,	State
4 Donation 5 Other (Specify)		diantown C				90 Ani	nville	Pa.	
21. SIGNATURE OF FUNESIAL SERVICE LIC	ENSEE!		22. NAME AN	D ADDRESS OF FA	CILITY				
M. 1: 1/1	12 K								
/ Slekeux f	ruer								Rd. 21214
23. PART I. Enter the diseases or c ahock, or heart hillure. I	omplications that cause	d the death. Do not	enter tha mo	da of dying, suc	h as card	lac or respire	itory arrea	t,	Approximata
iMMEDIATE CAUSE (Finel	,		1	0				İ	interval Batween Onset, and Death
disease or condition	MOTA	STATIC	LIM	r CAT	PAZ			j	Your
reaulting in death)	0	A CONSEQUENCE OF):	10100	0010					
	DOE TO (OH AS)	CONSEQUENCE OF J.						i	
Sequentieily list conditions,	0								
if any, leading to immediate	DUE TO (OR AS /	A CONSEQUENCE OF):						i	
cause. Enter UNDERLYING CAUSE (Disease or Injury	C								
that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):						- 1	
resulting in daeth) LAST	d.							- 1	
								1	
PART II. Other significant condition	s contributing to death i	out not resulting in t	he underlying	cause given in	Part i.	24a. WAS AN A PERFORM			RE AUTOPSY FINDINGS
						1 YES 2	. /	COI	APLETION OF CAUSE
									DEATH?
	<u></u>				- 1			1 1	YES 2 NO
				ACE OF DEATH (C	eck only on	0)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	100				e (Connibi)			
	HOSPITAL: 1 □ Inpatient 2 □ ER/Out		THER: Nursing Hom	5 Anesidence	8 🗌 Othe	(Specify)			
EXAMINER?	1 tnpatient 2 ER/Out	petient 3 DOA 4	☐ Nursing Hom	URY AT		CRIBE HOW IN	JURY OCCU	RED	
EXAMINER? 1	1 - Inpatient 2 - ER/Out		Nursing Hom F 28c. INJ WO	URY AT RK?			JURY OCCU	RED	
EXAMINER? 1	1 tnpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c. INJ WO M 1 \(\)	URY AT RK? /ES 2 NO	28d. DES	CRIBE HOW IN			Number
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EXAMINER? 1 VES 2 NO 27. Manuscroft O DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER 1 A CERTIFIEM BUYEN	1 topatient 2 ER/Out 28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY	28b. TIME Of INJURY At home, farm, streedily)	Nursing Hom F 28c. INJ M 1 1 N Rt, factory, office	URY AT RK? /ES 2 NO	28d. DES 28f. LOC City	ATION (Street ar or Town, State)	od Number or	Rural Route	Number,
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EXAMINER? 1 VES 2 NO 27. Main of DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spa CIAN: To the best of my know R: On the basis of examination	28b. TIME Of RAJURN Y — At home, farm, streetily) riedge, death occurred a on and/or investigation, in	Nursing Hom F	URY AT RK? ZES 2 NO and place, and due eath occured at the	28d. DES 28f. LOC City to the cau	ATION (Street ar or Town, State)	od Number or	Rural Route	I menner as stated,
EXAMINER? 1 VES 2 NO 27. Manuel of DeATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND THE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe CIAN: To the best of my know R: On the basis of examination O COMPLETED CAUSE OF D	Y — At home, farm, streedily) Y — At home, farm, streedily) Vedge, death occurred a on and/or investigation, is	Nursing Hom F 7 28c. INJ M 1 1 1 1 nt, factory, office at the time, date n my opinion, d	URY AT RIC? (FS 2 NO and place, and due eath occured at the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of t	28f. LOC City	ATION (Street ar or Town, State)	od Number or	Rural Route	I menner as stated,
EXAMINER? 1 VES 2 NO 27. MANDED OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Sulcide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spa CIAN: To the best of my know R: On the basis of examination	28b. TIME Of RAJURN Y — At home, farm, streechy riedge, death occurred a on and/or investigation, is EATH (ITEM 27) (Type, Pri	Nursing Hom F 7 28c. INJ M 1 1 1 1 nt, factory, office at the time, date n my opinion, d	URY AT RIC? (FS 2 NO and place, and due eath occured at the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of t	28f. LOC City	ATION (Street ar or Town, State)	od Number or	Rural Route	I menner as stated,

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-banking be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE REGISTRAR		CERTIF	CATE OF	DEATH	REG. N	0.			
1. DECEDENT'S NAME (First, Middle, La	st)				2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH		
Car	l Louis	НС	ffman	Sr.	March 9		1:25AM M		
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIF	THPLACE (State or Foreign		
215-09-2808	1 🗶 M 2 🗆 F	88 YRS.	MONTHS DAYS	HOURS MIN.	JULY 12,	1901 MA	ARYLAND		
9e. FACILITY NAME (If not institution, gir			9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY OF	DEATH		
Maryland Gene		1	Baltim	ore City					
RESIDENCE OF DECEDENT 10e, STATE 10b, COU		10e CIT	Y, TOWN OR LOCA	TION			10d, INSIDE CITY		
	ALTIMORE	100.011	CATONSV				LIMITS?		
10e. STREET AND NUMBER	ALITHORE			L L L C L ZIP CODE		10a, CITIZEN O	1 YES 2 NO		
6030 BLACKERTAR	S CIPCIE			21228		U.S.			
11. MARITAL STATUS	12. WAS DECEDENT E	EVER IN U.S. ARMED	13. WAS DE		NC ORIGIN? (Specify)		ACE — American Indian.		
1 Never Married 2 Merried	FORCES? 1 F	YES 2 XNO	If yes, s		n, Puerto Rican, etc.)	BI	ack, White, etc.		
3 Widowed 4 Divorced	IF YES, GIVE WAR	TOH DATES	1 U YES	2 ANO Specing	y:	SE	WHITE		
15. DECEDENT'S E		16a. DECEDENT'S			16b. KIND OF B	USINESS/INDUSTRY	,		
(Specify only highest gr Elementary/Secondary (8-12)	College (1-4 or 5+)	Me. Do NOT us	work done during m se retired.)	ast or working					
8		FLORIST			OWNER	FLOWER S	SHOP		
17. FATHER'6 NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maide	en Surname)	9		
GEORGE G. HOF	FMAN			ANNA	E. MEHR	ING			
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or R	own, State, Zip Code)			
MARILYN GAY		6030	BLACKFR	IAR CIRC	LE, CATONS	VILLE, MI	0. 21228		
20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 F	temoval from State	20b. PLACE OF DISPOS other place)	SITION (Name of co	metery, crematory or		LOCATION — City or	C. C. C. C. C. C. C. C. C. C. C. C. C. C		
4 Donation 6 X Other (Specify)	ENTOMBMENT	LOUDON PAR				LTIMORE,	MARYLAND		
21. SIGNATURE OF FUNEBAL SERVICE	LICENSEE	10		ND ADDRESS OF FA		ום סמליתדו.	JNERAL HOMES		
Huesa	earle	Tes					LLE, MD.21228		
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. COng DUE TO (0	amonia Pras a consequence o Jestive hear Pras a consequence o	rt failu	Laga					
resulting in deeth) LAST	d					2			
PART II. Other significant condi	tions contribution to d	eeth but not meulting	in the underlying	o cause alven in	Part I 24a WAS	AN REMOST	METE ALTERNA SINDINGS		
	f right hip		the dilectry.		PERF	ORMED	AM CABLE PRIOR TO		
Anemia					1 TYES		TO OF DEATHS		
					APPR	OVAL	1 D Van 3 D No		
25. WAS CASE REFERRED TO MEDICA			26.1	LACE OF DEATH (C/	mak anti anal		- Ollo		
EXAMINER?	HOSPITAL:		OTHER:				_		
1 YES 2 □ NO 27. MANNER OF DEATH	28e. DATE OF IN	ER/Outpatient 3 DOA		JURY AT	6 Other (Specify) 28d. DESCRIBE HOT	W IN RIPY OCCUPED			
1 Natural 9 9ending	(Month, Day,	Year) IN.	JURY W	ORK?					
Accident Investigati	28a, PLACE OF	-90 INJURY — At home, farm,		XX	Subject		ral Bouta Number		
4 Homicide 6 Could not determine	be building, et	a Chandlel	sing Hon		Augsburg	Luthera	n Home, Baltim		
29e, CERTIFIER	HYSICIAN: To the best of m				County, M	aryland			
							se(s) and manner es stated.		
2005 DIGNATURE AND TITLE OF CERT	211 2001, -10	//		29c, LICENSE NU	And the second second		NED (Month, Day, Year)		
17 /	4	ter mes			n/a		8/9/90		
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE		Print)	1			/		
	ather, M.D.	. S. SERTI (ITEM 21) (IVI)	o, i innj	0/0 M	alama c	2			
L	32. REGISTRAR	'S SIGNATURE		C/O Mary	land Gene	ral Hosp	ital		
MAR 1 2 1990	Julia Veridon	Mandalle.							

TO BE COMPLETED BY FUNERAL DIRECTOR

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1314	ate be executed within 24
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. BC	that the death certificate be
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r	that
ECO	requires
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4	E e
OF VITAL RECORDS, P.O. BOX 13146	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the dea
DIVISION	ATTENDING
\leq	80
	OSPITAL

executed within 24 nours after death. Pagent may be wanted by the hosp	and completely filled in by the funeral mercents of would be detache o burial, cremation, or removal.	matic event, the medical examines must be putitied at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Propriet may be remarked by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral mercenes is would be detache he fleet within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner want be putified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MA				EALTH AND I	MENTAL	REG. NO.		2
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH DAY	YEA	3. TIME OF DEATH
BERNARD	G.	HOWARD)			3	7	9	
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last i		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE (Month	OF BIRTH	6. BI	IRTHPLACE (State or Foreign puntry)
220-20-6277	1 🖾 🗯 2 🗌 F	61	YRS.			100	06/28		MD
9e. FACILITY NAME (If not institution, give s			96	BALTI	R LOCATION OF DE	EATH CITY	9	c. COUNTY C	OF DEATH
LIBERTY MEDICAL	CENTER			DALLI	MUNE) <u> </u>			
10a. STATE 10b. COUNT	Y		10c. CITY, TO	OWN OR LOCAT	ION				10d. INSIDE CITY
MD			BAL	TIMORE					TY YES 2 NO
10e. STREET AND NUMBER				101	ZIP CODE		10	0g. CITIZEN (OF WHAT COUNTRY?
2550 LOYOLA NORT	HWAY				21215			US	SA
11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1 1				ENDENT OF HISPAN			No- 14. F	RACE — American Indien, Black, White, atc.
1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES			2 NO Specify		,,	s	Specify:
15. DECEDENT'S EDU	ICATION	18a DEC	FRENT'S LISI	JAL OCCUPATION	nu .	185	. KIND OF BUSINI	FSS/INDUSTE	BLACK **
(Specify only highest grade Elementary/Secondary (0-12)	e completed) College (1-4 or 5+)	(GM	e kind of work Do NOT use re	done during mo	st of working	100	. Kill of Booms	200711120011	
12TH	conege (I-I or 5+)	C	OURIE	R		M	NAT'L	BANK	
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, I	Middle, Maiden Sur	meme)	
BERNAR	D HOWAR	RD			CORET	HA	BOWE		
19e. INFORMANT'S NAME (Type/Print)					nd Number or Rural				
LORRAINE HOWAR	lD	25	550 LO	YOLA N	ORTHWAY/	BALT	IMORE,	MD 2:	1215
20e, METHOD OF DISPOSITION 1 💢 Burlel 2 🗆 Cremation 3 🗆 Ren	noval from State	20b. PLACE O	F DISPOSITIO	ON (Name of cer	netery, crematory or			1-1	or Town, State
4 Donation 5 Other (Specify)		GARRIS	SON FO	_	ET CEM		OMIN	GS MII	LLS, MD
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE				ND ADDRESS OF FA				
Vanessa	1 Durg			WM.C.	MARCH	$F \cdot H$. 1101	E.	NORTH AVE.
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final	Liat only ona cause	on aach iina.			4	h ss card	diac or respirat	ory arreat,	Approximate Intarval Betwee Onset and Daat
disease or condition resulting in death)	Re	SIDICO RASA CONSEO CUA	4	AND	+.				-
Touchting in duality	DUE TO (O	R AS A CONSECU	UENCE OF:	γ.					
Sequentially list conditions,	b) (cur	1 21.	fusior					
if any, leading to immediate	DUE TO (OI	R AS A CONSEO	UENCE OF):				0		
CAUSE (Disease or Injury		R AS A CONSECU		06 7	O COLD	200	4N(IK		
that initiated events resulting in death) LAST	332 10 (31	1 AS A CONSEC	acitoc oi j.						j
	d								
PART II. Other algnificant conditio	na contributing to da	ath but not re	auiting in t	ha undariyin	g cause given in	Part I.	24a. WAS AN AU PERFORME		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
							1 TYES 2		COMPLETION OF CAUSE OF DEATH?
									1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		10	26. P	LACE OF DEATH (C)	heck only or	ne)		
1 TYES 2 THE	1 Inpatient 2 I		DOA 4	☐ Nursing Hon	ne 5 🗆 Residence				
27. MANNER OF DEATH 1	28e. DATE OF IN (Month, Day,		28b. TIME O	r W	RURY AT DRK?	28d. DE	SCRIBE HOW INJ	URY OCCURE	D
2 Accident Investigation	28e. PLACE OF I	AL HARDY As boo			YES 2 NO	201100	ATION (Class)	I Mumber of D	ural Route Number,
3 Suicide 8 Could not be 4 Homicide determined	building, etc		ne, term, stre	et, factory, offic	•		or Town, State)	Number of Pi	urai rioute riomber,
29e. CERTIFIER									
(Check only	SICIAN: To the best of my IER: On the bases of exam								use(s) end manner as stated.
296. SUSNATURE AND TITLE OF SERTIFIE	EN .	100			29c. LICENSE NU	MBER	2	9d. DATE SIG	SNED (Month, Day, Year)
	20							3	16/90
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM	27) (Type, Pri	(m) LOC	HRA	Der	1 68,	1 0	OSPITUL
31. DATE FASR (Mgnit 2001990	July Dours	B BIGNATURE					-		

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

urs after described in the retained by the hospital or attending physician. In by the furners of each page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in by the furners. must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Any after the TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Degt. of Health and Mental Hygiene prior to burial, cremation, or remove IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical interpretation or the control of the medical interpretation or the control of the medical interpretation or the control of the medical interpretation or the control of the medical interpretation or the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of t

	1 - STATE REGISTRAR	STATE OF MAR			OF HEALT		MENTAL HYGIEN REG. NO.	E						
	1. DECEOENT'S NAME (First, Middle, Last)	Me H	allamo.	1/			2. OATE OF OEATH	90	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 227-22-09-79	5. SEX 6. A	GE (In yrs. lest birthday)	IF UNDER	1 YEAR IF UN DAYS HOUR	DER 24 HRS.	7. DATE OF BIRTH (Month, Dev Year)		BIRTHPLACE (State or Foreign Country					
E .	Be PACILITY NAME (If not puspulture, give stre	est and number 3	Marker	9b. CITY,	TOWN OR LOC	ATION OF DE	EATH	9c. COUNTY	OF DEATH					
CTC	RESIDENCE OF DECEDENT	~411/00=01	or Organis		MXA (111015			19					
DIRECTOR	MD 106. COUNTY		100	LTIM	R LOCATION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO					
AL	10e. STREET AND NUMBER				101. ZIP C	ODE		10g. CITIZEN	OF WHAT COUNTRY?					
FUNERAL	633 N. AISQUITH				212				USA					
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 Y	ER IN U.S. ARMED PES 2 140 OR DATES	1		uban, Maxica	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.) y:	or No— 14.	RACE — American Indian, Black, Whita, etc. Specify: BLACK					
ED	15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDENT'S	USUAL OC	CCUPATION Juring most of we	odrina	16b, KIND OF BUS	BINESS/INDUST						
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 8+)	HOMEN	se retired.)	dung most of wi	rang	DC	MESTIC						
w	17. FATHER'S NAME (First, Middle, Last) EMMETT TURN	IER			16. M	OTHER'S NA	ME (First, Middle, Maiden M. TU	Sumame) JRNER						
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	DADDRESS	(Street and Nun	nber or Rural i	Route Number, City or Tow	n, State, Zip Co	de)					
۳.	ELISAH HOLLAMA						T/BALTIMOR		21202					
	29a, METHOD OF DISPOSITION TABURIAL 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	val from State	206. PLACE OF DISPO other place) BALTIMOR		MTERY	crematory or		LTIMOR	RE MD					
)	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	DALITHON	7	NAME AND ADD	RESS OF FA		LITMON	Le. MD					
/ I	> Dlades	Wan		MI	M. C. N	1AREA	F/H 1101 E	NORT	H AVENUE					
									, Approximate					
	ahock, or heert fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Squamos coll cowcu Soft Notate /3 yus													
z	DUE TO (OR AS A CONSEQUENCE OF):													
CATIO	Sequentially liet conditions, if eny, leeding to immediata cause. Enter UNDERLYING CAUSE: (Disasse or Injury.													
CERTIFICATION														
	PART II. Other algnificent conditions	contributing to dec	th but not resulting	in the un	iderlying caus	e given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS					
EDICAL							PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
≥ ::									1 TYES 2 NO					
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSFITAL:		OTHER		F DEATH (Ch	eck only one)							
IXSI	1 TYES 2 THO	1 Inpetient 2 ER		4 🗆 Nun	sing Home 6		6 Other (Specify)		250					
ВУ РН	1 detural 5 Pending 2 Accident Investigation	(Month, Day, Ye	ear) Ih	JURY M		2 NO	28d. DEŞCRIBE HOW I							
COMPLETED	3 Suicide 8 Could not be determined	28a. PLACE OF IN- building, atc.	JURY — At home, farm, (Specify)	ome, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route City or Town, State)										
PLE	CONSON DIM	SIAN: To the best of my i	knowledga, death occur	red at the t	ime, data and p	lece, and due	to the cause(a) and ma	nner sa stated.						
CON			nation and/or investigat	ion, in my o	pinion, death o	ocured at the	time, data and place, ar	nd due to the c	ause(s) and menner as stated.					
BE	296. SIGNATURE AND TITLE OF CERTIFIER	whom!	Med	DIN	29c.	D/4	622	29d, DATE S	GNED (Migreth, Day, Your)					
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	F DEATH (ITEM 27) (Typ	e, Print)	arlis	5	t, Bol	10	Md 21280					
	MAR 1 2 1990 4	32. REGISTRAR'S	Manda 12	.17			/							

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	D. BOX 1	0	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page may be the hospital or attending physic	ertificate be exe	scuted within 24 nours after death. F	age may remaine by the hospital or attending physic
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director may a mount the datached for use as the bunal	ing physiclan an	nd completely filled in by the funeral	direction the submitted detached for use as the buria
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	rgiene prior to t	ourial, cremation, or removal.	
IMPORTANT: If Hem 28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be medical at once.	other trauma	itic event, the medical examin	er must be multifled at once.

MAR 1 2 1990

	FOR 1 - STATE REGISTRAR		STATE OF M		/ DEPAI						YGIEN				
Ш	1. OECEDENT'S NAME (First,	Middle, Last)								2. DATE OF				3. TIME OF OEA	TH
l li	TESS	IF .	G, Ho	PA	F					MONTH	0/	0	90	3'05	A M
- 8	4. SOCIAL SECURITY NUME			6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.						7, DATE OF		7		IPLACE (State or F	oreian
	212 22 156	-	1 M 2 F		-	MONTHS DAVE HOUSE MIN (Month, Day,)					ny, Year)	Country)			
	213-32-156 Se. FACILITY NAME (ti not in		,,,	92		9b. CITY, TOWN OR LOCATION OF DEATH									
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입	10a, STATE	10b. COUNTY			10c, Cl	TY, TOWN O					10d. INSIDE CITY				Y
DIRECTOR	MD				10c. CITY, TOWN OR LOCATION									LIMITS?	
	MD 10e, STREET AND NUMBER	BALTIMORE 161, ZIP CODE							40- 017	17511 05 1	VHAT COUNTRY?	NO			
₹ I				101					10g. CI1		WHAT COUNTRY?				
106. STREET AND NUMBER 1708 E. 28th STREET 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, spec									1218				USA		
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No- If yes, specify Cuban, Maxican, Puerto Rican, atc.)									or No-	14. RACI Block	E — American Ind k, White, etc.	len,		
	3 Mildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 M NO Specify: Specify:														
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삗	Elementary/Secondary (0	0-12)	College (1-4 or 5+)												i
₹	6th				H()MEMA!	KER				DOMES				
COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)								ME (First, Midd	tle, Maiden	Surname)			
띪	CALVIN		NROE						LINE		HALL				
2	19a, INFORMANT'S NAME (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								Route Number,			p Code)		
-	MABLE MUS	GROVE			5120	NELS	<u>on</u> <i>P</i>	VENU	E/BA	LTIMO	RE MI) 21	.215		
	20a. METHOD OF DISPOSIT	ION	wal from State	20b. PLA	CE OF DISPO	SITION (Na	me of cer	netery, crer	natory or		20c. LO	CATION —	City or To	own, Stata	
	4 Donation 5 Dother		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	BRO	OKLYN	MEMOI	RIAL	CEM	IETER	Υ	BLA	ADENE	BORO.	NC	
-	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE					ND ADDRE							
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	23. PART I. Enter the d	OKU		annerd the	death De										
			let only one caus			not enter	tue mo	ide of dy	ing, suc	n as cardise	or resp	iratory ar	rest,	Approxin	Betwaen
1	IMMEDIATE CAUSE (Find disease or condition	nai												Onset sr	d Desth
	resulting in death)	→ ,	. Cardi	crasyi	roton	EOUENCE DF): acular disease EOUENCE OF):									
	b		DUE TO (OR AS A CON	SEOUENCE.	DF):	1		-						
N N	Sequentially list condit	ions.	0-1+2	ed med	4		lev	nem	100						
۱ĕ۱	If any, leading to imme	diate	DUE IO (OH AS A CON	SECUENCE	DF): 	_/								
0	cause. Enter UNDERLY CAUSE (Disease or Inju		(ese	OR AS A CON	aju	uar.	a	160	rpc						
#	that initiated events resulting in death) LAS	T.	DOE 10 (UH AS A CUN	SECUENCE	JF}:								i	
CERTIFICATION	resulting in death, and		l												
	PART II. Other significa	nt conditions	s contributing to	death but no	ot resulting	In the un	darlyin	g cause	given in	Part I. 24	la. WAS AN	AUTOPSY	24b	. WERE AUTOPSY	
CAL											PERFO			AVAILABLE PRIOR	
MEDIC										1	YES 2	l 🗌 NO		OF DEATH?	
										—				1 YES 2	NO
ž.															
CIAN	25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	HOSPITAL:		_	OTHER		LACE OF E	EATH (Ch	eck only one)					
1 20 1	1 TYES 2 NO		1 Inpetlant 2		3 DOA			ne 5 □ R	esidence	8 Other (S	Specify)				
PHY	27. MANNER OF DEATH	9	28a. DATE OF (Month, Da		28b. TI	ME OF		JURY AT		28d. DESCR	NBE HOW	INJURY O	CUREO		
BY	1 Matural 5 2 Accident	Pending Investigation				М	1 🗌	YES 2 [NO						
	0 0 0 1-14	Could not be	28a. PLACE OF building,	INJURY - An	t home, ferm	street, fact	tory, offic	a			ON (Street Town, State)		or or Rural	Route Number,	
	4 Homicide	determined													
12	29a. CERTIFIER (Check only	TIFYING PHYSIC	CIAN: To the best of	ny knowledge	, deeth occu	rred at the t	ima, date	and place	, and dua	to the cause	(s) end ma	nner ea at	nted.		
OMPLET	one) —		R: On the basis of ax											a) and manner as	stated.
0	29b. SIGNATURE AND TITLE	E OF CERTIFIER				,		290 110	ENSE NU	MRFR		204 04	TE SIGNE	O (Month, Day, Yea	rl
씲	611/1	4.	na Clas	111	01	2	7	7		182)	N	7 -	S_C	′
2	30. NAME AND ADDRESS O	UN ,	COMPLETED CALLS	E OF DEATH	TEM OT C	a Delet			') 0	100			2-1	1-70	
'	JU, NAME AND ADDRESS O	r renoun WH	J COMPLETED CAUS	E OF DEATH (TEM 2/) (1y)	e, rant)									

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TO THE HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital of attention	TO THE RINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached reclaimed by	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPIT	VERA	hin 7.	H
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1990

Dr. Arden Kwan C/O Maryland General Hospital

32 AEGISTRAR'S SIGNATURE J Dayldson Hands 182

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.		0019				
	1. DECEDENT'S NAME (First, Middle, Last) Robert Hux	2. DATE OF DEATH DAY March, 03	YEAR	TIME OF DEATH				
OR	4. SOCIAL SECURITY NUMBER 5. SEX 1 1 1 M 2 F 5 6 YRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH 1 MPNN, Pay Year 1 1 1 4 34	8. BIRTHPL	ACE (State or Foreign ginia				
	9a. FACILITY NAME (# not institution, give street and number) Maryland General Hospital Baltimore	DEATH	Md.					
DIRECTOR	MD. RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Baltimore, City			d. INSIDE CITY LIMITS?				
FUNERAL	100. STREET AND NUMBER 1514 N. Stricker Street 21217		U.S.	AT COUNTRY?				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 4 Divorced 12. WAS DECEMENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO If yes, specify Quben, Marie 1 YES, GIVE WARRIOR DATES 13. WAS DECEMENT OF HISP/ If yes, specify Quben, Marie 1 YES 2 NO Specifications	en, Puerto Rican, etc.)	Black, V	American Indian, Vhite, etc.				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Truck Driver	Retire						
BE COM	17. FATHER'S NAME (First, Middle, Last) James Hux 18. MOTHER'S NAME (First, Middle, Maiden Surname) Minnie Taylor							
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 9703 Marriotts ville Rd. Balto., MD. 21133							
	20a. METHOD OF DISPOSITION 1 Dispurial 2 Cremetion 3 Removal from State 4 Condition 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or Garrison Forrest VET. 20c. LOCATION - City or Town, State Owingsmills, MD.							
9	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF F #281 E.L. Phillip			721-27 Monroe S				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, su shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) S. Phoumonia Due to (on as a consequence of):	ch as cerdiec or reapira	itory arrest,	Approximats Interval Between Onset and Daath				
CERTIFICATION	Sequentially list conditions, If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiliated events Metastasis Lung Tumor OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
	resulting in deeth) LAST d. PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY FINDINGS							
PHYSICIAN: MEDICAL	TAIL WAS A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY O	PERFORM 1 TYES 2	NED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO				
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Replication 1 DOA 4 Nursing Home 5 Residence 6 Other (Specify)							
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 28a. DATE OF INJURY (Month, Day, Year) 29b. TIME OF INJURY WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c.							
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and described one) 2 MEDICAL EXAMINER: On the basis of application and/or investigation, in my opinion, death occurred at the time, data and piece, and described one)			and manner as stated.				
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	WHER	29d. DATE SIONEO (Month, Day, Year)				

AND 21203-3146

BALTIMORE,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after clear. Plays 6 may be TO THE FLUKERAL DIRECTOR: After this certificate has been signed by the attending physician and competery filed in by the luneral director, page filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to hartal, cremitation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR	STATE OF MARYL					IE	90 06196
7	1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC		DEATH	REG. NO		3. TIME OF DEATH
1	Laria Pearl Harris			Harris		03 06	5 90	11:00 PM
	4. SOCIAL SECURITY NUMBER 185 28 4398	1 🗆 M 2 🔀 F	81 YRS. MC	FUNDER 1 YEAR ONTHS DAYS	F UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year) 03/14/08	V	BIRTNPLACE (State or Foreign Country) Inginia
TOR	9a. FACILITY NAME (If not institution, give street and number) GREATER BALTIMORE MEDICAL CENTER			9b. CITY, TOWN OR LOCATION OF DEATH TOWSON		9c. COUNTY OF DEATH BALTIMORE		
DIRECTOR	MD BAL	TIMORE	10c. CITY, 1 Park	TOWN OR LOCAT	ON			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 19700 YORK ROAD				ZIP CODE 21120		U.S.	A .
ВҮ	11. MARITAL STATUS 1 Never Married 2 Married 2 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D		If yes, spe		NC ORIGIN? (Specify Yen, Puerlo Ricen, etc.)	a or No 14.	RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mos etired.)	N at of working	166. KIND OF BU		TRY
	17. FATHER'S NAME (First, Middle, Last) Samuel Riley Th	Homas				ME (First, Middle, Meider Jane Cole	Surname)	
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AL	DDRESS (Street a	nd Number or Rural F	Route Number, City or Tox	vn, State, Zip Co	ode)
٤	Fay J. Gordon		19700	York	Rd., P	arkton,	MD 21.	120
	20a, METHOD OF DISPOSITION 1 🔀 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	1.4 0.4	other place) essop Unit			emetery C		ville, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	Bave	>	J.J. 1	Hartenst cond St.	ein Mortua , New Free	ary, In	ic. PA 17349
	23. PART I. Enter the diseases, or abook, or heart feiture.	complications that cause List only one cause on a		enter the mo	de of dying, suc	h as cardiec or resp	olratory arrest	t, Approximate
	iMMEDIATE CAUSE (Finel disease or condition recuiting in deeth)	• PERITONIT	IS					Onset and Death
NO	DUE TO (OR AS A CONSEQUENCE OF): Sequentielly liet conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	cause. Enter UNDERLYING CANCERNE OF LARCE AND SMALL INTEGRAND							
IEI0	CAUSE (Diseese or injury that initiated events	OUE TO (OR AS	A CONSEQUENCE OF):	MID BRIAT	THIES.	LINE		
ERT	resulting in deeth) LAST	d						
MEDICAL C	PERFORMED? AWAILABLE PRIOR 1					24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?		
M								1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	1		28. PI	ACE OF OEATN (Ch	eck only one)		
EXAMINER? 1 YES, 2 12 NO 1 YES, 2 12 NO 1 Inpetion 2 ER/Outpetient 3 DOA 4 Number 5 Residence 6 Ot								
ву рну	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUI	OF 28c. INJ		284. DESCRIBE HOW	INJURY OCCUI	RED
ETED B	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spe				26t. LOCATION (Stree City or Town, State		Rural Route Number,
296. CERTIFIER (Check only one) 29 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated one) 29b. Tignature and Title of Certifier 29c. License Number 29d. Date:								
							SIGNED (Morth, Day, Year)	
일	30 NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF D	EATH /ITEM 27) /Time S	h-loot			- 7	1

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1/10), Print)
RAYMONIS A NZE MD 3 7501 YOUK PD#300

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh was maniched.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netitled at once.

MAR 1 2 1990

	FOR STATE REGISTRAR	STATE OF MARYLAND /		TOF HEALTH AND	MENTAL HYGIEL REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
					MONTH		AR
	Alventa				3-1	- 199	
- 3		5. SEX 6. AGE (In yrs. las	st birthday) IF UND	ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6.1	BIRTHPLACE (State or Foreign Country)
	214-24-53621	I M 2 F F	YRS.	DATS HOURS MIN.	5/7/19:		ARYLAND
	9a. FACILITY NAME (If not institution, give street	et and number)	9b. CIT	TY, TOWN OR LOCATION OF D		9c. COUNTY	
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DIRECTOR	BALTIMORE COUNT	Y GENERAL HO	SP.	-		BA	LTO. COUNTY
O.	10a. STATE 10b. COUNTY		10c, CITY, TOWN	OBLOCATION			10d. INSIDE CITY
Œ	Figure as a second second						LIMITS?
	MARYLAND		BALT	IMORE CITY			1 X YES 2 NO
AL	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	3018 AUCHENTORO	LY TERRACE		21217			USA
Z	11. MARITAL STATUS	2. WAS DECEDENT EVER IN U.S. AF	IMED 1	3. WAS DECENDENT OF HISPA	NIC OBIGIN? (Specify V	n or No. 14	RACE — American Indian,
E	1 Never Married 2 Married	FORCES? 1 YES 2	NO	If yes, specify Cuban, Maxic	an, Puarto Rican, etc.)		Black, White, atc.
ВУ	3X Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 YES 2 NO Speci	lly:		Specify: BLACK
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E	15. DECEDENT'S EDUCAT (Specify only highest grade cor	mpleted) (G	ECEDENT'S USUAL Give kind of work don	ne during most of working	16b. KIND OF BI	JSINESS/INDUST	RY
ių.	Elementary/Secondary (0-12)	College (1-4 or 5+)	. Do NOT use retired	1.)			
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BE							
54	19a. INFORMANT'S NAME (Type/Print)			SS (Street and Number or Rural			
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ij	20a. METHOD OF DISPOSITION	20b. PLACE	OF DISPOSITION	Name of cemetery, crematory or	20c. L	OCATION - City	or Town, State
Į.	1 Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	IOMPMENT IIO	The latest section in	CEMETERY	WOO	DT.AWN	, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICEN		-	2. NAME AND ADDRESS OF F		DIMINIA	PINITUAND
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Other aignificant conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the	DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE AN CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE DUE TO (OR AS A CONSE	esth. 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PLACE OF DEATH (C ER: turning Home 5 □ Raeldence 28c. INJURY AT WORK? 1 □ YES 2 □ NO sectory, office et time, data and place, and du ny opinion, daeth occurred at the	theck only one) 24a. WAS A PERFE 1 YES 1 Other (Specify) 25d. DESCRIBE HOW 26f. LOCATION (Street, City or Fown, Steller to the cause(a) and me time, data and place,	N AUTOPSY PRIMED? 2 NO INJURY OCCUR It and Number or e)	Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death D

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIE		30 00130
1. DECEDENT'S NAME (First, Middle, Last) RITA HEA	TH R	ita Marie	Heat	h	2. DATE OF DEATH		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 5. 212 9a. FACILITY NAME (If not institution, give street	SEX 8. AGE (YRS. MON		IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) PENH SYLVANI
HARAL HOSPITA	IL LENTI			IIMERE			
Maryland 10b. COUNTY			to.Ci	ty,Md.			10d. INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER 1528 Coving	ton St.		101.	2123	30		N OF WHAT COUNTRY? USA
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 A Divorced	. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 - NO		city Cuban, Mexican	IC ORIGIN? (Specify Y n, Puarlo Rican, alc.)	ea or No— 14	RACE — American Indian, Block, Whita, atc. Specify: White
15. DECEDENT'S EDUCATION (Specify only highest grade continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the continued to the cont	ON spleted) callege (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work ille. Do NOT use ret	done during mos tired.)	N It of working		F.&G	тну
17. FATHER'S NAME (First, Middle, Last)		DOOLOG	, az y	18. MOTHER'S NAI	ME (First, Middle, Maide		
Joseph V. 19a. INFORMANT'S NAME (Type/Print)	Hav	rilla	DOESE /Steed o	Elea	anor	Ones Chata Tip Co	Bubash
Miss Stacev Heat	:h				t.Balto.		34 -
20a METHOD OF DISPOSITION Burlal 2 Cremation 3 Removal	20	b. PLACE OF DISPOSITIO	ON (Name of cen	netery, crematory or			y or Town, State
4 Donation Other (Specify) 21. SIGNATURE UNERAL SERVICE LICENS		Cedar Hi				lto.M	d-212-A.A.Co.
> In a large licens	Marlos			lly Fur	Bal		.21230 O E.Fort Ave.
23. PART I. Enter the diseases, or comshock, or heart failure. Lief			enter the mo	de of dying, suci	n as cardiac or rea	piratory arres	t, Approximate interval Between
iMMEDIATE CAUSE (Final disease or condition reculting in death)	Ο.	A CONSEQUENCE OF:	talic	almo	Concinen	no of 1	Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. PLANTON CAUSE DUE TO (OR AS A CONSEQUENCE OF): C. PLANTON CAUSE DUE TO (OR AS A CONSEQUENCE OF): C. PLANTON CAUSE DUE TO (OR AS A CONSEQUENCE OF):							
Metastan to		but not resulting in the	(Die	breat	PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
	OSPITAL:	OT OT	THER:	ACE OF DEATH (Che			
27. MANNER OF DEATH	Inpatient 2 ER/Out 28a. DATE OF INJURY	28b. TIME OI	F 28c, INJ	URY AT	8 Other (Specify) 28d. DESCRIBE HOV	V INJURY OCCU	RED
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		RK? (ES 2 NO			
3 Suicide 8 Could not be 4 Homicide dalarmined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, atree ocity)	et, lactory, offic.		281. LOCATION (Stree City or Town, Ste		Rural Route Number,
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dasth occurred at the time, date and place, and due to the cause(a) and menner as stated.							
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)							
30. NAME AND ADDRESS OF IT RSON WHO C	OMPLETEO CAUSE OF O	EATH (ITEM 27) (Type, Prin	nt)			103	101 90.
HARBOR! Hes	PITAL.	C ENTER		ALTIM	RE T	100	1

-3146	ding physician.	Hitto make to should be calleched for use as the burial-transit permit. Pages 1, 2,	
SALTIMORE, MARYLAND 21203-3146	ny be nationed by the hospital or atten	to should be detached for use as	be parified at once.
BALTIMORE	in Urs after death. From In	ely filled in by the funeral of an attion, or removal.	, the medical examinar quest
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within urs after death. Practical may be interested by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral defath be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar quat be pulled at ance.
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL DIRECTOR; After this be filed within 72 hours after death with	IMPORTANT: If Item 28 is marked

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last), R. Johnso	n			2. DATE DF DEATH MONTH DAY	90	TIME OF DEATH P			
	237-12-3460 1 PM 2 0 F	80 YRS. MON	UNDER 1 YEAR ITHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-23-09	Country)	ACE (State or Foreign			
TOR	9a. FACILITY NAME (If not institution, give street and number) DEATON HOSPital & Med RESIDENCE OF DECEDENT		Ba	LATION DE DEA		c. COUNTY OF DEA	тн			
DIRECTOR	10e. STATE 10b. COUNTY		OWN OR LOCAT	ION		18	Od. INSIDE CITY LIMITS? (X) YES 2 NO			
FUNERAL	100. STREET AND NUMBER 401 E. 25TH STREET APT 2G	,		ZIP CODE	10	USA	AT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR	IN U.S. ARMED S 2/VNO DATES		cify Cuban, Maxican.	C ORIGIN? (Specify Yea or Puarto Rican, atc.)	No— 14. RACE — Black, V Specify:	- American Indian, White, atc.			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 7th College (1-4 or 5+)	16a. DECEDENT'S USU. (Give kind of work life. Do NOT use red	done during mos tired.)	st of working	BALTO. GA					
BE COMI	17. FATHER'S NAME (First, Middle, Last) CLARENCE JOHNSON	TUAS CONSTI	(001101		E (First, Middle, Melden Surr	name)	INIC			
2	190. INFORMANT'S NAME (Typo/Print) CATHERINE JOHNSON	401 E.	25th 9	STREET AP	T 2-G/BALTO)., MD 2	21218			
	20s. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) ARBUTUS MEMORIAL PARK 20s. LOCATION — City or Town, other place) ARBUTUS MEMORIAL PARK ARBUTUS, MD									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	>		MARCH F	/H 1101 E.	NORTH AV	/ENUE			
	ahock, or heart fallure. List only one cause on iMMEDIATE CAUSE (Final	ondition Broads a magazine								
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	B A CONSEQUENCE DF): B A CONSEQUENCE OF):								
	resulting in death) LAST									
PHYSICIAN: MEDICAL	PART II. Other algoriticant conditions contributing to death Pressure Longo Certabro rascular Acid dents Multi-infarct Demant	with Pho			Part I. 24a. WAS AN AU PERFORME 1 YES 2 W	MO 0	/ERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO			
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 17 Inpetient 2 ER/O		THER:	ACE OF DEATH (Che						
	27. MANNER O DEATH 1 Netural 5 Pending 28s. DATE OF INJUR (Month, Day, Yes)	Y 28b. TIME Q	F 28c. INJ	RK?	26d. DESCRIBE HOW INJU	IRY OCCURED				
TED BY	E PAGGGER	RY — At home, farm, atree pecify)	rt, factory, offic		281, LOCATION (Street and City or Town, State)	Number or Rural Rou	rte Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my kn one) 2 MEDICAL EXAMINER: On the best of examine						and manner as stated.			
BE	Lerge ale by			29c. LICENSE NUM	858 H	A 3/8/	90 ,			
07	Beorge Toller M.D. 601	1. Charles	II, Bo	Uhmore	, Nd. 2/2	30				
	MAR 1 2 1990	GNATT								

DHMH-18 Rev 1/89

ITEMS: 11,17,18 per FH G-664

6-18-90 cm

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	SIMIL OF MIN	CE				DEAT		MENTAL	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	F DEATH D	IV.	YEAR	3. TIM	E OF DEATH		
	Raymon	nd		Jar	nes,	Jr	•		3-8-		-17	TEAN	9:	36PM	М
	- ~	SEX 6.	AGE (In yrs. lest	birthday)	IF UNDER		IF UNDER		7. DATE OF	BIRTH		6. BIRTH	PLACE	(State or Foreign	7
	212-98-0031	X M 2 □ F	23	YRS.	MONTHS	DAYS	HOURS	MIN.	6-2	(1 1	6			AND	
	9e. FACILITY NAME (If not institution, give street	and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF DE	HTA		9c. COU	INTY OF D	EATH		
DIRECTOR	Swiss Chalet	Hotel									Ba]	ltimo	re	County	
<u> </u>	10s. STATE 10b. COUNTY				Y, TOWN (MITS?	
Ē	MARYLAND			В	ALT]	MOR	E C	ITY					1 X	YES 2 NO	
UNERAL	6605 COLLINSDAL	E ROAD				101.	ZIP CODE				10g. CIT			DUNTRY?	
		FORCES? 1	VER IN U.S. ARI	AED	13.	WAS DEC	ENDENT O	F HISPAN	IC ORIGIN?	(Specify Yes	or No-	14. RACI	E — Am	erican Indian,	
7	3 Widowed 4 Divorced	IF YES, GIVE WAR		•			2 XNO	Specify		an, o.c.,		Spec	tty:		
3	15. DECEDENT'S EDUCATI (Specify only highest grade con		18s. DEC	EDENT'S	USUAL O	CCUPATIO	N st of working	0	16b. K	IND OF BU	SINESS/IN	DUSTRY			
		College (1-4 or 5+)	llfe.	Do NOT u	se retired.)	daring mo	St OF WORKING	9							
2															
BE COMP	17. FATHER'S NAME (First, Middle, Last) -MARGO RAYMOND JA	MES, SR					16. MOTH	YMON	ME (First, Mic	MES	Sumame)	MAR	GO (JAMES	
2	196. INFORMANT'S NAME (Type/Print) MARGO JAMES		19b												
	200. METHOD OF DISPOSITION		20b. PLACE (S DR:	_			_	de .	_
	X Burial 2 Cremation 3 Removal	from State	other ple	TER				,	RY						
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	0		22.	NAME AN	ID ADDRES	SS OF FAC	CILITY						
	* Lorons	(O h	0-11-0	11										HOME	
	23. PART I. Enter the diseases or com												1		
	shock, or hasrt failure. Liei IMMEDIATE CAUSE (Final	t only ona cause	on audit lina.												
	disesas or condition resulting in dasth)	Through	h and t	hroi	ich c	onta	act o	nınch	not w	baur	to he	hse			
	Totaling in Statily	DUE TO (OF	R AS A CONSEC	UENCE O	F):		3	, carre	101115			-3430			
z	Sequantially list conditions, b.												_		
CERTIFICATION	If any, leading to immediate	DUE TO (OF	R AS A CONSEC	UENCE O	F):										
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OF	R AS A CONSEC	UENCE O	E.								<u> </u>		
Ę	that initiated events resulting in death) LAST	5-05-05-05	200	-7.5	. ,										
<u>u</u>	d														
A	PART II. Other significant conditions of	ontributing to da	ath but not n	auiting	in the u	ndariyin	g causa g	given in	Part I.			241	AVAILA	BLE PRIOR TO	
									2	YES :	NO 🗌 S				SE
M												2	XXX	YES 2 NO	
ž															
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			OTHE	p.					CCT	אדבי			
2		☐ Inpetient 2 ☐ E			4 🗆 Nu	rsing Hom		sidence 2							
BY PHYSICIAN: MEL	27. MANNER OF DEATH 1 Natural 5 Pending	3-8-90	Ybar)	28b. TIR	JURY		URY AT PRK? YES XX	Zīstio							
	2 Accident Investigation	28e. PLACE OF II	NURSY — A1 ho	me ferm	street for			≥×aio					Florida N	umhar	
COMPLETED	Suicide 6 Could not be determined	building, ato	: (Specify)		otel				Swis	Fown States	let,	Balt:	imo	ce Co.	, MD
ן ב	29e. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my	knowledge, de	ath occur	red at the	1ime, date	and place	, and due	to the caus	e(s) and ma	nner se st	ated.			
Ž.											a) and r	nanner as state	d.		
	20b. SIGNATURE AND TITUE OF CENTRUM	-				- 27					_				_
BE	4412	m-D					1000	ME			1			100000000000000000000000000000000000000	
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE	OF DEATH (ITE	II 27) (Typ	e, Print)	_		1,000				100.00	00/271		
	FRANK PERETTI,MD			111	Penn	Stre	eet.E	Balt:	imore	,MD 2	1201			VC	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE						B. BIRTHPLACE (State or Foreign County) F DEATH B. BIRTHPLACE (State or Foreign County) F DEATH B. BIRTHPLACE (State or Foreign County) F DEATH B. BIRTHPLACE (State or Foreign County) F DEATH B. BIRTHPLACE (State or Foreign County) F DEATH B. BIRTHPLACE (State or Foreign County) F DEATH B. BIRTHPLACE (State or Foreign County) F DEATH B. BIRTHPLACE (State or Foreign County) F DEATH B. BIRTHPLACE (State or Foreign County) F DOWN TIMES 2 NO I 10d. INSIDE CITY LIMITS? I IMVES 2 NO I 10d. INSIDE CITY LIMITS? I IMVES 2 NO I 10d. INSIDE CITY LIMITS? I IMVES 2 NO I 10d. INSIDE CITY LIMITS? BLACK I 14. RACE — American Indian, Black, White, etc. Spanic Or Fire, Middle, Mackden Surname) I A RACE — American Indian, Black, White, etc. Spanic Or Fire, Middle, Mackden Surname) I A RACE — American Indian, Black, White, etc. Spanic Or Fire, Middle, Mackden Surname) I A RACE — American Indian, Black, White, etc. Spanic Or Fire, Middle, Mackden Surname) I A RACE — American Indian, Black, White, etc. Spanic Or Fire, Middle, Mackden Surname) I A RACE — American Indian, Black, White, etc. Spanic Or Fire, Middle, Mackden Surname) I A RACE — American Indian, Black, White, etc. Spanic Or Fire, Middle, Mackden Surname) I A RACE — American Indian, Black, White, etc. Spanic Or Fire, Middle, Mackden Surname) I A RACE — American Indian, Black, White, etc. Spanic Or Fire, Middle, Mackden Surname) I A RACE — American Indian, Black, White, etc. Spanic Or Fire, Middle, Mackden Surname I A RACE — American Indian, Black, White, etc. Spanic Or Fire, Middle, Mackden Surname I A RACE — American Indian, Black, White, etc. I A RACE — American Indian, Black, White, etc. I A RACE — American Indian, Black, White, etc. I A RACE — American Indian, Black, White, etc. I A RACE — American Indian, Black, White, etc. I A RACE — American Indian, Black, White, etc. I A RACE — American Indian, Black, White, etc. I A RACE — American Indian, Black, White, etc. I A RACE — American Indian, Black, Whit						
	MAR 1 2 1990 du	La Davidson	-Aandel	2											
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22—Julys after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

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prior to burial, traumatic

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has been signed by t Dept. of Health and

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After 1 death

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completely filled in cremation, or

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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH TONES 3:37 Am LILLIAN 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 - M 2 X F 216-28-0779 MARYLAND 9c. COUNTY OF DEATH 9e. FACILITY NAME (If not institution, give street and number, 9h. CITY TOWN OR LOCATION OF DEATH BALTIMORE DIRECTOR HARBOR HOSITAL 3001 S. HANOVER BALTIMORE 10c. CITY, TOWN OR LOCATION Maryland Anne Arundel Co. Baltimore , (Brooklyn Park) 1 YES 2 X NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 409 Riverside Road, 21225 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Married Specify: ΒY 3 X Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementery/Secondery (0-12) College (1-4 or 5+) 8th Domestic Housewife Homemaker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname P. Freeberger Pearl Charles С. Lowery BE 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 19e. INFORMANT'S NAME (Type/Print) 2 Mrs. Florence P. Redmond 409 Haskell Drive, Arnold, Md. 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 20e. METHOD OF DISPOSITION
1 [X] Buriel 2 Cremetion 3 Removal from State Glen Haven Memorial Park Glen Burnie, Maryland 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNDMAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
McCully Funeral HOme of Brooklyn Kevin E. Ecker 237 E. Patapsco AVe., Balto., Md. 21225 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardisc or respiratory street, sehock, or heart feliure. List only one cause on each line. **Approximate** interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition BILATERAL resulting in death) RIGHT FEMUR CERTIFICATION Sequentially ilst conditione, if eny, laeding to immediate **OUE TO (OR AS A CONSEQUENCE OF)** cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditione contributing to death but not resulting in the underlying cause given in Part i. 246. WERE AUTOPSY FINDINGS 24a, WAS AN AUTOPSY MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 - NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 TES 2 NO 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stata) 3 Sulcide 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER
(Check only one)

29 MEDICAL EXAMINED: On the basis of examination endor investigation to my colors death occurred at the time, date and place, and due to the cause(a) and manner se stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated.

any PHYSICIAN: 23 certificate In the State marked, ВҰ DIRECTOR: A hours after de ltem 28 ls 49

BE

2

29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

29b. SIGNATURE AND TITLE OF CENTIFIES Physician/INTERN 3-11-90 NONE

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HARBOR MICHAEL HOSPITAL CTR 3001 S. HANDVER

31. DATE THE (MONTH) Day (1990) 32. REGISTRAR'S SIGNATURE Julia Savidson Randelle

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Nolfe

4 22. REPUSTRAT'S SIGNALIPIA

MARYLAND 21203-3146

DIVISION OF VITAL RECORDS,

at nolified pe must examiner medicai completely filled rial, cremation, o the traumatic event, burial, and prior to l the attending physician a Mental Hygiene prior to other 1 9 signed by the any shows : has been : Dept. of H AW. this certificate h OR ATTENDING PHYSICIAN: The 0 marked, After t death 60 FUNERAL DIRECTOR: within 72 hours after 28 item , HOSPITAL MPORTANT: If 표보 23

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Steven

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH 70AY 1990YEAR MARCH 8:45p L. **JAMES CLEO** 4 SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year, Feb. 28 212-28-9686 DAYS HOURS 58 1 M 2 X 934 Peena 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE CITY BALTIMORE DIRECTOR THE HOPKINS HOSPITAL RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Balto.City, Md. 1 YES 2 | NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1432 William St. 21230 USA 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married SpecifyWhite BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18a, DECEDENT'S USUAL OCCUPATION 16h. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp during most of working Elementary/Secondary (0-12) College (1-4 or 5 +) Co. 10th.Grade Clerk Depsco 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Allen Catherine Sowers James BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 5 Christine M. James 4917 Willshire Ave. Balto. Md. 21206 204 METHOD OF DISPOSITION 20c. LOCATION — City or Town, State MQ. ROSSVILLe, Balto.Co 20b. PLACE OF DISPOSITION (Name of ce 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Ran 4 ☐ Donation 5 ☐ Other (Specify) ____ Gardens of Faith Cemt. 21. SIGNATURE OR FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Balto.Md.21230 McCully Funeral Home, 130 E. Fort Ave. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdisc or respiratory errest, shock, or heart fellure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Fine) disease or condition DUE TO (OR AS A CONSEQUENCE OF): hour reculting in death) 24 hou. TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions, if any, leading to immediate mital/porter valve DOE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events recuiting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 ☐ YES 2 ☐ NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) OSPITAL: OTHER: tient 2 ER/Outpatient 3 DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 27 MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b, TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Netural 1 YES 2 NO B 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Bural Boute Number, City or Town, State) 3 Suicide 6 Could not be ED 4 Homicide Ш 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. COMPL MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the ceuse(s) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) leman

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DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146	w may be the hospital or attending physician.	which seems the mached for use as the bunal-transit permit. Pages 1, 2, 3 st	be natified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mount after death. Page 6 may in many or many and attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pains small be maded for use as the burial-transit permit. Pages 1, 2, 3 st be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

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	REGISTRAR		CEL	TITIC	AIE	OF DEA	ΝП	RI	EG. NO.			
i	1. DECFDENT'S NAME (First, Middle, Last)							2. DATE OF D	EATH DAY	4 (QEAR.	3. TIME OF DEATH
	Howard W. Kesmode							Q3	09	1	0	6,007 M
	4. SOCIAL SECURITY NUMBER 212-03-4824	5. SEX 1 😾 M 2 🗌 F	6. AGE (In yrs. lest bi		ONTHS DAY	-	ER 24 HRS.	7. DATE OF B (Month, Day 3-16-	: Year))	Counti	IPLACE (State or Foreign ryland
	9a. FACILITY NAME (If not institution, give street and number)				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF							
DIRECTOR	University Hospit	al			Balı	timor	e Cit	у				
ပ္က	10a. STATE 10b. COUNTY				10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY	
EIG		ford		Darlington								LIMITS? 1 YES 2X NO
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE				1000				WHAT COUNTRY?
岁	4528 Conowingo Ro			21034							.S.A	
5	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 A			D	If you	, specify Cu	ban, Maxica	IIC ORIGIN? (Sp n, Puerto Rican		or No—		E — American Indian, k, White, etc.
ğ	3 Wildowed 4 Divorced	IF YES, GIVE WI	AR OR DATES		1 0	YES 2X N	O Specify	y:			Spec	white
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		(Give	DENT'S US kind of work NOT use n	WAL OCCUP	PATION g most of wor	king	18b. KINI	D OF BUSI	INESS/INI	DUSTRY	
ا ت	6th grade	College (1-4 or 5+)		Garde				Cer	dar I	H:11	Cem	etery
Š	17. FATHER'S NAME (First, Middle, Lest)			Garde	Inci	ME (First, Middle			COM			
	William Kesmodel							eth Wa				
BE	19a, INFORMANT'S NAME (Type/Print)		19b, I	AAILING AI	DDRESS (Str	eet and Numi	per or Rural I	Route Number, C	ity or Town	, State, Zi	p Code)	
임	Charlotte Harless	5	45	28 Cc	onowi	ngo R	oad	Darlin	gton	, MD	210	34
	20s. METHOD OF DISPOSITION 1 🔀 Buriel 2 🗆 Cremetion 3 🗆 Removal from State 20b. PLACE OF other place)				SPOSITION (Name of cemetery, cremetory or				20c. LOCATION — City or Town, State			own, State
	4 Donation 5 Other (Specify) Lou				lon Park Cemetery				Baltimore, MD			
	21. SIGNATURE OF FUNERAL SERVICE LIE	E)esee . H	_			E AND ADDI		al Hom	о т.			
	Tews (S)	mill	/								e. M	D 21229
	23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reepiratory arrest, about, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due To (OR AS A CONSEQUENCE OF): Approximate Interval Between Onset and Death 2 Synth 2 Days Due To (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): CRANIE (DISEASE OF INJURY) DUE TO (OR AS A CONSEQUENCE OF): CRANIE (DISEASE OF INJURY) DUE TO (OR AS A CONSEQUENCE OF): CRANIE (DISEASE OF INJURY) DUE TO (OR AS A CONSEQUENCE OF): CRANIE (DISEASE OF INJURY) DUE TO (OR AS A CONSEQUENCE OF): CRANIE (DISEASE OF INJURY) DUE TO (OR AS A CONSEQUENCE OF): CRANIE (DISEASE OF INJURY) DUE TO (OR AS A CONSEQUENCE OF): CRANIE (DISEASE OF INJURY) DUE TO (OR AS A CONSEQUENCE OF): CRANIE (DISEASE OF INJURY) DUE TO (OR AS A CONSEQUENCE OF): CRANIE (DISEASE OF INJURY) DUE TO (OR AS A CONSEQUENCE OF): CRANIE (DISEASE OF INJURY) DUE TO (OR AS A CONSEQUENCE OF): CRANIE (DISEASE OF INJURY) DUE TO (OR AS A CONSEQUENCE OF): CRANIE (DISEASE OF INJURY) DUE TO (OR AS A CONSEQUENCE OF): CRANIE (DISEASE OF INJURY) DUE TO (OR AS A CONSEQUENCE OF): CRANIE (DISEASE OF INJURY) DUE TO (OR AS A CONSEQUENCE OF): CRANIE (DISEASE OF INJURY) DUE TO (OR AS A CONSEQUENCE OF): CRANIE (DISEASE OF INJURY) DUE TO (OR AS A CONSEQUENCE OF): CRANIE (DISEASE OF INJURY) DUE TO (OR AS A CONSEQUENCE OF): CRANIE (DISEASE OF INJURY) DUE TO (OR AS A CONSEQUENCE OF): CRANIE (DISEASE OF INJURY) DUE TO (OR AS A CONSEQUENCE OF): CRANIE (DISEASE OF INJURY) DUE TO (OR AS A CONSEQUENCE OF): CRANIE (DISEASE OF INJURY) DUE TO (OR AS A CONSEQUENCE OF): CRANIE (DISEASE OF INJURY) DUE TO (OR AS A CONSEQUENCE OF): CRANIE (DISEASE OF INJURY) DUE TO (OR AS A CONSEQUENCE OF): CRANIE (DISEASE OF INJURY) DUE TO (OR AS A CONSEQUENCE OF): CRANIE (DISEASE OF INJURY) DUE TO (OR AS A CONSEQUENCE OF): CRANIE (DISEASE OF INJURY) DUE TO (OR AS A CONSEQUENCE OF): CRANIE (DISEASE OF INJURY) DUE TO (OR AS A CONSEQUENCE OF): CRANIE (DISEASE OF INJURY) DUE TO (OR AS A CONSEQUENCE OF): CRANIE (DISEASE OF INJURY) DUE TO (OR AS A CONSEQUENCE OF): CRANIE (DISEASE OF INJURY) DUE TO (OR AS A CONSEQUENCE OF											
	PART II. Other algnificent condition	e contributing to	death but not res	ulting in	the under	lying caus	e given in	Part I. 24e	. WAS AN		248	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
EDICAL								10	YES 2	NO NO		OF DEATH?
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Ä	25. WAS CASE REFERRED TO MEDICAL											
[]	EXAMINER?	HOSPITAL:	******		OTHER:			neck only one)				
PHYSICIAN: M	1 YES 2 NO 27. MANNER OF DEATH	28a. DATE OF	ER/Outpatient 3 INJURY	28b. TIME (. INJURY AT	Hesidence	6 Other (Sp		NJURY O	CURED	
	1 Natural 5 Pending 2 Accident Investigation	(Month, De	ly, Year)	INJUF		WORK?	. No					
ED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At home etc. (Specify)	e, farm, stre	eet, factory,	office			N (Street a wn, State)	nd Numbe	or Rural	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of										s) and manner as stated.
CC	29b. SIGNATURE AND TITLE OF CERTIFIER	3				29c. L	ICENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
0	the L. K.	evo.	mD							K	3/9	190
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITEM	27) (Type, P	rint)		2 1	,				, , ,
	IKIS R Keys	M.D.	UNI	r of	M	DE	alt	MOR	e, 1	40	2	1230
31, DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE												

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detached	ithin 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	0000
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funeral		aux. It than 30 is marked as item 23 shows any lating or other traingule avent the medical examiner must be notified at once
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	1 - STATE STATE OF MARYLAND / DEPAI CERTIF	RTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) Clara R. Knight		March 8, 1990	М					
	4. SOCIAL SECURITY NUMBER 216 09 9461 See FACILITY NAME (If not institution, give street end number) 6. AGE (In yrs. less birthdey) 788.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF O	7. Date of Birth 8. BirthPLACE (State or Foreign (Month, Dey, Vear) 0ctober 20,1904 Virginia						
TOR	3806 Hickory Avenue 202 Apt	Baltimore		. City					
DIREC	10e. STATE 10b. COUNTY 10c. CI	ty, town on Location altimore City		10d. INSIDE CITY LIMITS? 1 X YES 2 □ NO					
ERAL	3806 Hickory Avenue Apt 202	101. ZIP CODE 21211	10g. CITIZEN C USA	OF WHAT COUNTRY?					
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Mexico	13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:						
COMPLETED		· ·	166. KIND OF BUSINESS/INDUSTR	Y					
BE CON	17. FATNER'S NAME (First, Middle, Last) Robin R. Johnson		we (First, Middle, Maiden Surneme) y Alma O'Sullivar	1					
70	Cletus Knight 3	806 Hickory Aven	Route Number, City or Town, State, Zip Code ue Apt 202 Balto.	Md. 21211					
	20e, METNOD OF DISPOSITION 1	Woodlawn,	Maryland						
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE LUMB BLUGGE HUSS	3631 Falls Ro	Burgee-Henss F ad, Baltimore, Md	uneral Home . 21211					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) But as tasis to Lung liver, Rone Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided Provided								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Ca of Breast DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.								
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 UND 24b. WERE AUTOPSY FIN COMPLETION OF CALL OF DEATH? 1 YES 2 N								
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	28. PLACE OF DEATN (C.	heck only one)						
PHYSI	1 PR8 2 NO 1 Inpettent 2 ER/Outpettent 3 DOA 27. MANNER OF DEATH 1 Netural 5 Pending 1 Inpettent 2 ER/Outpettent 3 DOA 28e. DATE OF INJURY (Month, Day, Year)	4 Nursing Nome 5 Residence IME OF 28c. INJURY AT WORK?	8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURE	0					
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — Al home, ferm building, etc. (Specify)	" Tes 2 NO	281. LOCATION (Street end Number or Ru City or Town, State)	rral Route Number,					
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occur one) 2 MEDICAL EXAMINER: On the best of exemination end/or investigate			se(e) and menner as stated.					
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (7)	29c. LICENSE NU		NED (Month, Day, Year)					
	Alan B. Cohen 201 E. Univers		Baltimore, Maryl	and					
	MAR 1 2 1990 Siber Terridan Bondose								

DNMH-16 Rev 1/89

at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 meturs after death. Page 6 may as manned to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 metures be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be nother at

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N CERTIFICATE OF DEATH		YGIENE EG. NO.
1. (DECEDENT'S NAME (First, Middle, Last)		2. DATE OF	
	TIOND T TAMBE	a an	MONTH	DAY

	REGISTRAR		CERT	IFICAT	re of	DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DE		YEAR	3. TIME OF DEATH	
- 4	LLOYD L. LAMBII	E, SR.					3 9 90 8:35				
- 1			GE (In yrs. last birtho	(av) IF UNI	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIS			PLACE (State or Foreign	
		1 😾 M 2 🗆 F	d d Mm	MONTH	T .	HOURS MIN.	(Month, Day,	Year)	Country	y)	
	210 10 0201	71	64				1-14-		Ma:	ryland	
_	9e. FACILITY NAME (If not Institution, give street		9b. CI	ITY, TOWN	EATH						
등	St. Agnes Hospita	al			Balt	imore					
5	RESIDENCE OF DECEDENT	· ·	La								
DIRECTOR	10e. STATE 10b. COUNTY		10c.	10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?	
	Maryland			Ba1	timor	e				1× YES 2 NO	
FUNERAL	10e. STREET AND NUMBER				10	, ZIP CODE		10g. C	ITIZEN OF W	WHAT COUNTRY?	
E	2011 Wilkens Aven	ue				21223		1	U.S.A		
5	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	1		ENOENT OF HISPAN		cify Yee or No-	14. RACE	American Indian, White, etc.	
IL.	1 Never Married 2 Merried	FORCES? 1 1	R DATES			ecity Cuben, Mexical 2 NO Specify		etc.)	Speci		
B≺	3 Widowed 4 Divorced					A				White	
	15. DECEDENT'S EDUCA		16a. DECEDER	IT'S USUAL	OCCUPATION	ON	16b. KIND	OF BUSINESS/I	NOUSTRY		
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	ille. Do No	of work doi OT use retired	ne during mo d.)	ast of working					
7		Conege (1-4 or 5 +)		ruck	Driv	or	Dor	ns Tra	ncfor	Co	
N N	6th grade 17. FATHER'S NAME (First, Middle, Last)		1 .	LUCK	DIIV	18. MOTHER'S NAI				00.	
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BE	Leonard H. Lambie						M. Sch				
9	19e. INFORMANT'S NAME (Type/Print)				100	and Number or Rural F					
	Lloyd L. Lambie,	Jr.				Ave. B					
	20e. METHOD OF DISPOSITION 1 Straightful 2 Cremetion 3 Remov	ral from State	20b. PLACE OF DIS	SPOSITION	(Name of ce	metery, crematory or		20c. LOCATION	- City or To	wn, State	
h	4 Donation 5 Donation 5 Other (Specify)		Loudon	Park	Ceme	tery		Baltime	ore, l	MD	
- 0	21. SIGNATURE OF FUNERAL BERVICE LICE	NSEE	1/11	/							
	× /111.0	1	THOU		Hubba 4107	rd Funer Wilkens	al Home	lnc.	e Md	21229	
	23. PART i. Enter the diseases, or co		\mathcal{I}							Approximate	
	shock, or heert fellure. Li			DO HOL GH	ter the nic	de or dying, suc	as ceruiac c	n respiratory	orrest,	Interval Between	
	IMMEDIATE CAUSE (Finei	14	1 - 1-							Onset and Death	
	disease or condition resulting in deeth)	Myou	ardral.	In	ard	-101					
		DUS TO (OR	AS A CONSEQUENC	E OF):							
z										1	
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE	E OF):							
Z.	ceuse. Enter UNDERLYING										
Ē	CAUSE (Disease or injury that initieted events	DUE TO (OR	AS A CONSEQUENC	E OF);							
F	resulting in deeth) LAST										
S											
A	PART il. Other significent conditions	contributing to dee	th but not result	ing in the	underlylr	g cause given in		WAS AN AUTOPSY 240 PERFORMEO? 240		. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
S							_ 10	YES 2 NO		COMPLETION OF CAUSE OF DEATH?	
										1 - YES 2 K NO	
~											
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL				28. P	LACE OF DEATH (Ch	eck only one)				
C	EXAMINER?	HOSPITAL:	(Outpetient 3 - Pe		IER:			all a			
ΥS	27. MANNER OF DEATH	28e, DATE OF INJ		TIME OF		JURY AT		E HOW INJURY	OCCUPED		
		(Month, Day, Y		INJURY	W	ORK?	Zou. DEGONIO	L HOW INDOM	OCCUPILO		
BY											
	2 Accident Investigation							281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
	3 Suicide 8 Could not be	28e. PLACE OF IN building, etc.		erm, street,	factory, offi	C0			DOI OF FIGURE	Route Number,	
	A CONTRACTOR			erm, street,	factory, offi	e o			DOT OF PROPERTY	Route Number,	
	3 Suicide 8 Could not be 4 Homicide determined 29e. CERTIFIER A CERTIFUMS PHYSIC		(Specify)				City or You	rn, State)		Route Number,	
	3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	building, etc.	(Specify) knowledge, death or	ocurred et ti	he time, dat	e end place, and due	City or Tow to the cause(e)	end menner es	stated.	Poute Number,	
COMPLETED	3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	building, etc.	(Specify) knowledge, death or	ocurred et ti	he time, dat	e end piece, and due death occured at the	City or You to the cause(e) time, date end	end menner es	stated.	e) and manner as stated.	
	3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only)	building, etc.	(Specify) knowledge, death or	ocurred et ti	he time, dat	e end place, and due death occured at the	City or You to the cause(e) time, date end	end menner es	stated.		
BE COMPLETED	3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. BIGNATURE AND TITLE OF CERTIFIER	IAN: To the best of my	knowledge, death or instion end/or invest	occurred et ti	he time, dat	e end piece, and due death occured at the	City or You to the cause(e) time, date end	end menner es	stated.	e) and manner as stated.	
E COMPLETED	3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SHONATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	IAN: To the best of my	knowledge, death or instion end/or invest	igation, in n	he time, det	e end place, and due death occured at the 29c. LICENSE NUI 23	to the cause(e) time, date end p	end menner es place, end due to	stated. o the ceuse(e) and manner as stated.	
BE COMPLETED	3 Suicide 4 Homicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. BIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO Patrick White, MD	IAN: To the best of my	knowledge, death or nation end/or invest	Occurred et ti ligation, in n (Type, Print) 299	he time, det	e end place, and due death occured at the	to the cause(e) time, date end p	end menner es	stated. o the ceuse(e) and manner as stated.	
BE COMPLETED	3 Suicide 4 Homicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. BIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO Patrick White, MD	IAN: To the best of my	knowledge, death or nation end/or invest	Occurred et ti ligation, in n (Type, Print) 299	he time, det	e end place, and due death occured at the 29c. LICENSE NUI 23	to the cause(e) time, date end p	end menner es place, end due to	stated. o the ceuse(e) and manner as stated.	

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	be
	must
-	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be i
leath with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	medical
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	1 - FOR STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPARTME ERTIFICA	NT OF H	EALTH AND	MENTA	L HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	JOHN I	EARLE	McQUA	DE SR		2. DATE	OF DEATH 3	0	VEAR	3. TIME OF DEATN	
	4. SOCIAL SECURITY NUMBER	5. SEX 6	S. AGE (In yrs. les		DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	. 7. DATE	OF BIRTN th, Day, Year)	6	. BIRTN	IPLACE (State or Foreign	
	215-10-4851 Se. FACILITY NAME (If not institution, give str		94	70.00	CITY, TOWN O	OR LOCATION OF		IL 16,1	1895 MARYLAND			
OR	ST. AGNES HOSPITA	В	ALTIM	ORE				_				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY					ION					10d. INSIDE CITY	
DIR	MARYLAND BA	ALTIMORE		WOOD	LAWN						LIMITS? 1 YES 2 X NO	
AL	10e. STREET AND NUMBER				101	, ZIP CODE			10g. CITIZE	N OF V	VHAT COUNTRY?	
NE I	1438 LANGFORD ROA	12. WAS DECEDENT	51/50 D1 110 A0			21207				S.A		
COMPLETED BY FUNERAL	1 MARTIAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 S	YES 2 N		If yes, sp	ENGENT OF NISF ecify Cuban, Max 2 NO Spe	Ican, Puetto	N? (Specify Yea Rican, etc.)	or No-	4. RACE Black Speci	E — American Indian, k, White, etc. WHITE	
ED	15. DECEDENT'S EOUC (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S USUA ive kind of work d . Do NOT use retir	L OCCUPATIO	ON st of working	16	b. KIND OF BUS	INESS/INDU	STRY		
J.E.	Elementary/Secondary (0-12)	College (1-4 or 5+)		Do NOT uso retir				UTOMOB1	ים חד	IC TA	TECC	
OMI	17. FATNER'S NAME (First, Middle, Last)	-	TODE.	D OAK II	ANAGE	-		Middle, Maiden		DIL	NESS	
BE C	FRANK J. McQUADE	Ε				HENRI	ETTA	MORRISC	N			
TO E	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Cod THELMA McQUADE 1438 LANGFORD ROAD, BALTIMORE, MARYLAN											
	THELMA McQUADE					D ROAD,			ATION — CI		21207	
	20a, METNOD OF OISPOSITION 1 X Buriel 2 Cremetion 3 Remo		พิดีติตั้	LAWN CE	METER	Y					ARYLAND	
	21. SIGNATURE OF FUNERAL BERVICE LIC	en	fle	<		M. & RUEDMONDS		L C. WI ENUE,CA	TZKE	FUN ILL	JERAL HOMES E, MD.21228	
	23. PART I. Enter the disease, or cehock, or heert feliure. I IMMEDIATE CAUSE (Final disease or condition resulting in deeth)		on each line			aldo of dying, a		^	1		Approximate interval Between Onset and Death	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL C	PART II. Other significant condition	a contributing to d	leath but not r	reaulting in the	e underlyin	g ceuee given	In Part i.	24e. WAS AN PERFOR	MED?	24b	N. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			HER:	LACE OF OEATN						
PHYSICIAN:	1 YES 2 NO 27. MANNER OF OEATN 1 Netural 5 Pending	28a. OATE OF II (Month, Day	NJURY	28b. TIME OF INJURY	28c. IN.	RURY AT DRK?		ner (Specify) ESCRIBE NOW II	JURY OCCU	JRED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF building, et	INJURY — At ho tc. (Specify)	i ome, farm, street				CATION (Street a y or Town, Stete)	nd Number o	r Rural	Route Number,	
OMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSI	CIAN: To the best of m									s) and manner es stated.	
TO BE CO	29th SIGNATURE AND TITLE OF CERTIFIER	Meglit	OF DEATH LITE	m-1))	29c LICENSE I	72e	2	29d. DATE	SIGNE	(Month, Day, Year)	

MAR 1 2 1990 Shite Swiden Forder

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after death with the State Dept, of Heaith and Mental Hygiene prior to burlal, cremation, or removal.	28 is marked, or item 23 shows any Injury, or other traumatic event, the medical ex
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prior	E
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•	FOR 1 - STATE REGISTRAR	STATE OF MA			MENT OF H		WENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)			**			2. DATE	OF DEATH	W. Y	EAR	ME OF DEATH
	Ruth B. Morris						1472	3 8			3:30 PM
	4. SOCIAL SECURITY NUMBER 218-28-1672	5. SEX 6.				IF UNDER 24 HRS.	of BIRTH h, Day, Year) 27-33		BIRTHPLAC Country) Mary1	E (State or Foreign and	
	9e. FACILITY NAME (If not institution, give s		9b. CITY, TOWN (OR LOCATION OF DE	ATH		9c. COUNTY	OF DEATH			
DIRECTOR	St. Agnes Hospita		Ba1t	imore Ci	ty						
<u>[</u>	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	Y		10c. CITY,	TOWN OR LOCAT			10d.	INSIDE CITY		
[뜻]	Maryland Bal	timore	İ	Tan	sdowne						LIMITS? YES 2 NO
	10e. STREET AND NUMBER	<u> </u>		Dun	101		10g. CITIZEI		4.5		
FUNERAL	3220 Gorham Ct.			21227			υ	.S.A.			
5	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARM	4ED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGII	N? (Specify Yee			merican Indien, te, etc.
BY F	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 [OR DATES	•		2 NO Specify		ricell, etc.)		Specify:	
	15. DECEDENT'S EDU	1 ICATION	46a DEC	PEDENT'S I	SUAL OCCUPATION	DM	100	. KIND OF BUS	PINESS (INDIES		ite
COMPLETED	(Specify only highest grade	Completed)	(GA		ork done during mo		100	A KIND OF BOO	JII (237 II (200		
P.	5th grade	Conege (1-4 or 5+)		Mach	inist			Art L	itho		
No.	17. FATHER'S NAME (First, Middle, Last)		1100011		16. MOTHER'S NA	ME (First,					
BE C	Stanley Falk					UNKNOW	N				
10 B	19a. INFORMANT'S NAME (Type/Print)		19b	MAILING	AODRESS (Street a	and Number or Rural I	Route Num	ber, City or Tow	n, State, Zip Co	ode)	
=	Robert P. Morris			3220	Gorham	Ct. Bal	timo		MD 21227		
	20e. METHOD OF DISPOSITION 1 √ Burlel 2 □ Cremetion 3 □ Rem	ce)		metery, cremetory or			CATION — CIT				
	4 Donation 5 Other (Specify)		etery		Broo	klyn P	ark,	MD			
	21. SIGNATURE OF FUNERAL SERVICE CH	/				ard Fune		Home,	Inc.		
	Dunta, VIII	ener				Wilkens					
	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cerdlec or respiratory arrest, shock, or heart feliure. List only one ceuse on each line.									t,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	(1/4								Onset and Death
	resulting in deeth)	e. OUF TO (O	R AS A CONSEC	UFNCE OF	١٠					-	
_	_	oue to for as a consequence of: metastatic breast CA									
흔	Sequentially list conditions, if any, leading to immediate										
8	ceuse. Enter UNDERLYING CAUSE (Disease or injury	c									
CERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
15	resulting in deeth) LAST	d								i	
	PART II. Other significent condition	ns contributing to de	eeth but not n	eaulting is	n the underlyin	g ceuse given in	Part I.	24a, WAS AN			E AUTOPSY FINDINGS
MEDICA								PERFORMED?		CON	LABLE PRIOR TO IPLETION OF CAUSE DEATH?
闄									/ \		YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			28. P	LACE OF OEATH (Ch	eck only o	ne)			
YSI	1 U YES 2 NO	1 Inpatient 2 - E			4 - Nursing Hor	ne 5 🗆 Reeldence	v				
	27. MANNER OF DEATH 1 X Natural 5 Pending	28e. OATE OF IN (Month, Day,		28b. TIME INJU	URY W	JURY AT ORK?	28d. DE	SCRIBE HOW I	INJURY OCCU	RED	
BY	1 Natural 5 Pending 2 Accident Investigation 2 Suitelds 22 PLACE OF INJURY — At home, farm, street, factory, office							CATION (Street	and Number or	Aural Brusta	Mumbur
CD CD	3 Suicide 6 Could not be 4 Homicide determined	building, at		, , , , , , , , ,	treet, rectory, orm	.•		or Town, State)		THUY ET THOUSE	rearrabon
LET	29e. CERTIFIER	10111 7 11 1 1 1 1	1					(-) - 4			
COMPL	(Crieck Only 2 1	SICIAN: To the best of m ER: On the beels of axes									manner ee stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIE	_		gatio	,, opinoti,	29c. LICENSE NUI					
BE	Paris A MA	ADD.				290. LIGENSE NUI	MINI		29d. DATE S	NGINED (MOI	nth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETEO CAUSE	OF OEATH (ITE	M 27) (Type,	Print)						
	CHOI, WAN HE		אר	1.00	•						
	31. DATE FILSO (MONTH Day) 10 44 QQA	4 22 DECHERONIA	SHENA UPE								
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ELIZ ELIZ ELIZ ELIZ ELIZ ELIZ ELIZ ELIZ	in b	re	
ours after dear Page 6	filled	DU, 01	
WITH	this certificate has been signed by the attending physician and completely filled in by the funded director	n with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
cuted	DOD D	urial,	
ë	an a	to b	
ite De	ysiciar	prior	
erunc	ng ph	giene	
eath c	attend	ntal Hy	
9	the	Me	
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PHYSICIAN: The law requires that the death certificate be executed within	signed	Health	
reg	een	6	
WE S	has b	Dept.	
Ä.	cate	State	
SICIA	certifi	the	
PHYS	this	With	

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	REGISTRAR	ERITFIC	CALE	F DEATH	F	EG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF MONTH	DEATH	YEAR	3. TIME OF DEATH			
	Raymond J. Miller	San July			Merch	8	1990	118 P. H			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In y)					BIRTH y, Ybar)	8. BIRTHI Country	PLACE (State or Foreign			
	217-26-5964 ^¹ \mathbb{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tex{\tex	YRS.	MONTHS DAYS HOURS MIN. (Month, Day),			-28	Mar	yland			
	9e. FACILITY NAME (If not institution, give street end number)	1	b. CITY, TOW	N OR LOCATION OF	DEATH	9c.	COUNTY OF DE	ATH			
8	Franklin Square Hospital		E	Essex			Baltin	nore			
5	RESIDENCE OF DECEDENT	_									
2	10e. STATE 10b. COUNTY	10c. CITY,	TOWN OR LO					10d. INSIDE CITY LIMITS?			
0	Maryland		Balti					YES 2 NO			
¥	10e, STREET AND NUMBER			10f. ZIP CODE		100	. CITIZEN OF W				
9	1727 St. Paul Street			21202			U.S.A.				
FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Married 12. WAS DECEDENT EVER IN U.S. / FORCES? 1 X YES 2			DECENDENT OF HISP/ specify Cuban, Mexic			o- 14. RACE Black	- American Indian, White, etc.			
BY	IF YES, GIVE WAR OR DATES		1 🗆 1	YES 2 NO Spec	ity:		Specif				
	1952-1953	DECEDENT'S U	CILAL OCCUP	TION	Task Mil	ID OF BUSINES		Nhite			
	(Specify only highest grade completed)	(Give kind of wo	rk done durina	most of working	100, Kill	ID OF BUSINES	S/INDUSTRT				
2	Elementary/Secondary (0-12) College (1-4 or 5+) Unknown	Carpe			P	uildin	o	7			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	ourpe	Heer	18. MOTHER'S N							
	Mark Miller				E. Such		ine)				
BE		10h MAII ING A	DDDESS /Star	et end Number or Rura			oto Zin Code)				
2	Albert E. Willey			ner Stree			MD 212	230			
				cemetery, crematory or			ON — City or Ton				
	1 St Surial 2 Commettee 2 Removed from State	niece)		norial Pa		Elkridge, MD					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAMI	AND ADDRESS OF F		0 -					
	DOSTAR W MORE			ard Fune							
	Tusupper 11. Miles			7 Wilkens				21229			
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart failure. List only one cause on each line. Approximate interval Between										
	IMMEDIATE CAUSE (Finel			1 0				Onset and Death			
	disease or condition a. Grant Start	O Canti	ban CL	Van Olas		amprica-					
	DUE TO (OR AS A CONSEQUENCE OF):										
Z	Convention, that any divines b.										
	Sequentially list conditions, If any, landing to immediate										
2	cause. Enter UNDERLYING CAUSE (Disease or Injury										
	that initiated events resulting in death) LAST	SECUENCE OF):									
CERTIFICATION	d							<u> </u>			
4	PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED?										
EDICAL							NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
밀								1 YES 2 NO			
≥ :											
¥	25. WAS CASE REFERRED TO MEDICAL		20	. PLACE OF DEATH (Check only one)	-					
0	EXAMINER? HOSPITAL: OTHER:										
S	HOSPITAL:		YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)								
HYSI	1 YES 2 □ NO 1 □ Inpatient 2 € ER/Outpetient 27. MANNER OF DEATH 28a. DATE OF INJURY	3 DOA 28b, TIME	OF 28c.	INJURY AT	28d. DESCR	BE HOW INJUI	SCRIBE HOW INJURY OCCURED				
PHYSICIAN: M	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	3 DOA	OF 28c.	100-101-00-00-00-00-00-00-00-00-00-00-00	28d. DESCR	BE HOW INJUI					
BY	1 YES 2 NO 1 Inpatient 2 ER/Outpetient 27. MANNER OF DEATH Netural 5 Pending investigation 2 Accident 28. PLACE OF INJURY (Month, Day, Year) 28. PLACE OF INJURY — At	3 DOA 28b. TIME INJU	OF 28c. RY 1	INJURY AT WORK?	28f. LOCATIO	ON (Street and I	lumber or Rural F	loute Number,			
BY	1 YES 2 NO 1 Inpatient 2 ER/Outpetient 27. MANNER OF DEATH Netural 5 Pending Investigation 1 Netural 1 Pending Investigation	3 DOA 28b. TIME INJU	OF 28c. RY 1	INJURY AT WORK?	28f. LOCATIO	- 7.5-11111		loute Number,			
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BY	1 YES 2 NO 1 Inpatient 2 ER/Outpetient 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At building, etc. (Specify) 29e. CERTIFIER (Check only)	28b. TIME INJU	OF 28c. RY M 1 reet, factory, o	INJURY AT WORK? YES 2 NO office	28f. LOCATION City or 1	ON (Street end Pown, State)	lumber or Rural R				
	27. MANNER OF DEATH 28. DATE OF INJURY (Month, Dey. Year) 29. Accident 3 Suicide 8 Could not be determined 29. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/	28b. TIME INJU	OF 28c. RY M 1 reet, factory, o	INJURY AT WORK? YES 2 NO office dete end piece, end donn, death occured at ti	28f. LOCATION City or 1	ON (Street end Pown, State) e) end menner d place, end du	ee stated.) and menner ee stated.			
BY	1 YES 2 NO 1 Inpatient 2 ER/Outpetient 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY (Month, Dey. Year) 28e. PLACE OF INJURY — At building, etc. (Specify) 29e. CERTIFIER (Check only one) 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, one) 29e. SIGNATURE AND ITLL OF CERTIFIER	28b. TIME INJU	OF 28c. RY M 1 reet, factory, o	INJURY AT WORK? YES 2 NO office	28f. LOCATION City or 1	ON (Street end Pown, State) e) end menner d place, end du	ee stated.				
BE COMPLETED BY	27. MANNER OF DEATH 28. DATE OF NJURY (Month, Dey. Year) 29. Accident 3 Suicides 4 Homicide 29. CERTIFIER (Check only One) 29. SIGNATURE AND TILL OF CERTIFIER 21. Inpatient 28. DATE OF NJURY (Month, Dey. Year) 28. PLACE OF NJURY — At building, etc. (Specify) 28. PLACE OF INJURY — At building, etc. (Specify) 29. SIGNATURE AND TILL OF CERTIFIER	3 DOA 28b, TIME INJU home, farm, sti	OF 28c. M 1 reet, factory, c	INJURY AT WORK? YES 2 NO office dete end piece, end donn, death occured at ti	28f. LOCATION City or 1	ON (Street end Pown, State) e) end menner d place, end du	ee stated.) and menner ee stated.			
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BE COMPLETED BY	27. MANNER OF DEATH 28. DATE OF NJURY (Month, Dey. Year) 29. Accident 3 Suicides 4 Homicide 29. CERTIFIER (Check only One) 29. SIGNATURE AND TILL OF CERTIFIER 21. Inpatient 28. DATE OF NJURY (Month, Dey. Year) 28. PLACE OF NJURY — At building, etc. (Specify) 28. PLACE OF INJURY — At building, etc. (Specify) 29. SIGNATURE AND TILL OF CERTIFIER	3 DOA 28b, TIME INJU home, farm, sti death occurred or investigation	OF 28c. N 1 reet, factory, of the time, , in my opinion	INJURY AT WORK? YES 2 NO office dete end piece, end den, death occurred at till 29c. LICENSE N	28f. LOCATION City or 1	ON (Street end Pown, State) e) end menner d place, end du	ee stated.) and menner ee stated.			

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permit. Pages 1, 2, 3 should

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL HYGIENI REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)	mardles	ELLA MARS	HALL MA	NDLEY	2. DATE OF OEATH MONTH OA	YEAR	3. TIME OF DEATH	
i		5. SEX 6. AGE ((In yrs. last birthday)	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT Coun	HPLACE (State or Foreign try)			
	-13	1 M 2 OF 82 YAS. 8/19/07 /						MO.	
r	9a. FACILITY NAME (If not institution, give stre				more Cit		9c. COUNTY OF		
2	Harbor Hospital	Lenter		TOWN OR LOCAL		у	n/a		
DIMECTO	10e. STATE 10b. COUNTY		10d. INSIDE CITY LIMITS?						
	Maryland Anne	klyn Park)	10g. CITIZEN OF	1 YES 2XXNO					
L L	5717 E. Frank	USA							
FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried		E — American Indian, ck, White, etc.						
ž l	3 🖔 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 🗆 YES	2 XNO Specify		Spe	White	
3	15. DECEDENT'S EOUCA (Specify only highest grade of	(TION ompleted)	16a. DECEDENT'S U	SUAL OCCUPATION MICHAEL	ON st of working	16b. KIND OF BUS	INESS/INDUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Construc	retired.) Nur	sing	Camon	t Indust		
COMPLE	12th 17. FATHER'S NAME (First, Middle, Last)		construc	ued Un	iforms	ME (First, Middle, Meiden	t Indust	ry	
BE C	Charles		Thompson		Lotta	Bangs		son	
0	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Town	, State, Zip Code)		
-	Mr. Herman Lee G					tminster.			
20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Ramoval from State 4 Denetton 5 Other (Specify) Baltimore. Ma									
Parkwood Cemetery Baltimore, Mary 1. Side Turke of Funerals Service Licensee Kevin E. Ecker McCully Funeral Home of Brooklyn									
	1 /2 Z	8/1_		237	E. Pata	apsco Ave	., Balto	., Md. 21225	
	23. PART I. Enter the disesses, or co			ot enter the mo	de of dying, suc	h as cardiac or respi	ratory arrest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition		22 0					Onset and Death	
	resulting in desth) a. Cincil Column to Metatical OUE TO (OR AS A CONSEQUENCE OF):								
z	Sequentially list conditions, Due to (or as a consequence of):								
AE	If any loading to immediate	DUE TO (OR AS /	A CONSEQUENCE OF	:	1	0		1	
RTIFICATION		DUE TO (OR AS				o'usal		120224	
CERI	resulting in death) LAST	A62	1 045	Country.				mary years	
4	PART II. Other aignificant conditions	contributing to death i	out not resulting in	ths undsriyin	g cause given in	Part I. 24a. WAS AN		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
						1 🗆 YES 2	™ NO	COMPLETION OF CAUSE OF DEATH?	
MEDI						_		1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	eck only one)			
SIC		HOSPITAL: 1 Dippetient 2 ER/Out		OTHER: 4 - Nursing Hor	na 5 🗆 Raaldenca	6 Other (Specify)			
	27. MANNER OF OEATH 1 Natural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	28b, TIME INJU	RY W	JURY AT ORK?	28d. DEŞCRIBE HOW t	NJURY OCCURED		
B	2 Accident Investigation	28e. PLACE OF INJUR	Y — At home, farm, at		YES 2 NO	28t. LOCATION (Street a	and Number or Rure	l Route Number.	
	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Spe	ocify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town, State)			
COMPLETED	29a. CERTIFIER t CERTIFYING PHYSIC	CIAN: To the best of my know	wledge, death occurre	d at the time, dat	and piece, end dua	to the ceuse(e) and man	nner as stated.		
ŏ.	one) 2 MEOICAL EXAMINER	: On the besis of examination	on and/or investigation	, tn my opinion,	death occured at the	time, data end place, en	d dua to the ceuse	e(e) end manner ee stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE SIGNE	ED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	Print)			3/6	/10	
	Glenn Herman	mo :	30015. 6	Janoun	St B.	- ltime-u	md		
	31. DATE FILED (Month, Day, Year)	COMPLETED CAUSE OF DI	NATURE						
	3MAR 1 2 1990	fighe wandoon	1-1-1-						

ined by the hospital or attending physician, build be detached for use as the burial-tran ARYLAND 21203-3146

1.0	XI.	ı
iled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. §	*ORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex	
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ation,	the	
Crem	rvent	
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	1 - FOR STATE OF MARY			HEALTH AND I	MENTAL HYGIEN				
į.	1. OECEDENT'S NAME (First, Middle, Lest) JOSEPHINE NELSON				2. DATE OF DEATH MONTH 03 09	* 1990 ^{YE}	3. TIME OF OEATH 7:20 P M		
8	4. SOCIAL SECURITY NUMBER 5. SEX 8. AG 1 ☐ M 2 1 F	E (In yrs. lest birthday) 79 YRS.	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)	a. BIRTHPLACE (State or Foreign Country) Baltimore, MD			
OR	9s. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITA	L	96. CITY, TOW BALTI	N OR LOCATION OF DE MORE	ATH	BALTIMORE CITY			
DIRECTOR	10a. STATE 10b. COUNTY Maryland		γ, τοwn oπ Lor altimor			10d. INSIDE CITY LIMITS? 1 ∑ YES 2 □ NO			
FUNERAL I	100. STREET AND NUMBER 1634 Aliceanna Street			101. ZIP CODE 21231		10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OF	S 2 NO	If yes,	ECENDENT OF HISPAN specify Cuban, Maxica ES 2 NO Specify	n, Puarto Rican, atc.)				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	Iffe. Do NOT us	work done during	most of working	16b. KIND OF BU	SINESS/INDUST	RY		
BE CON	17. FATHER'S NAME (First, Middle, Last) Thomas Dix			Agne		stek			
10	190. INFORMANT'S NAME (Type/Print) E. Carolyn Mayeski	4707	Shamma	rock Avenu	Route Number, City or Tow Ie Baltimo	ore,MD	21206		
	1 Donation & Other (Specify)	Gardens	of Fait	ch Cemeter	y Bal	cation — City or Town, State timore, Maryland			
~ 250	21, SIGNATURE OF FUNERAL SERVICE LICENSEE * Elizabeth Lower	ell	22. NAME Lil 190	Ly & Zeile Ly Eastern	er, Inc. Fu Ave. Balti	uneral Lmore,M	Homes D 21231		
		s a consequence of	1	e art	fail,		Approximate Interval Between Onset and Death		
CERTIFICATION	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Classes or Injury	s a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a consequence of a co	me	ellitu.	S		15 years		
MEDICAL	PART II. Other significant conditions contributing to dest	h but not resulting	in the underly	ring cause given in	Part I. 24e. WAS AP PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Popular 2 ERV	Outpatient 3 🗆 DOA	OTHER:	PLACE OF DEATH (Ch					
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending (Month, Day, Yes	Ir) IN	ME OF 28c. JURY 1	INJURY AT WORK?	28d. OEŞCRIBE HOW				
ETED.	4 Homicide determined building, etc. (URY — At home, farm, Specify)	street, factory, o	ffica	261. LOCATION (Street City or Town, State		Rural Houte Number,		
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examin						euse(s) end manner as stated.		
TO BE	296. SIGNATURE AND TABLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	\	04-0	E989		≥ O T	3/09/90		
	Alan Duncan, M.	OEATH (ITEM 27) (Type	werl	0, 60	ON. Wo	(fa.	Baltimore, M		
	03/1991/990 filis Savids	- Aandall		 			OHMH-18 Rev 1/89		

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requiries that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND MI	ENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
1. DECEDENT'S NAME (First	, Middle, Last)						2. DATE OF DEATH 3. TIME OF DEATH					
Joseph	W. P	ooler.	Jr.				MONTH			YEAR	0938 M	
4. SOCIAL SECURITY NUME			AGE (In yrs. las	t birthday) I	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	OF BIRTH		. BIRTHPL	ACE (State or Foreign	
211-22-2121	1	X M 2 □ F	58	YRS.	DAYS DAYS	HOURS MIN.	ALL C	2, 19	31 1	Country)	sukvania	
9a. FACILITY NAME (If not in	stitution, give street	l and number)		9	b. CITY, TOWN	OR LOCATION OF DE				9c. COUNTY OF DEATH		
PENINSULA G	ENERAL]	HOSPITAL			SALISBURY, MARYLAND WICOMICO							
10e. STATE	10e. STATE 10b. COUNTY 10c. CITY, TOWN									1	Od. INSIDE CITY	
Delaware Sussex Rehoboth Beach									1	YES 2 NO		
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF V								EN OF WH	AT COUNTRY?			
507 New Cas	Stro Str	oot				19971			USA	1		
11. MARITAL STATUS		. WAS DECEDENT				CENDENT OF HISPAI			-	4. RACE -	- American Indian,	
1 Never Married 2		FORCES? 1 X	OR DATES			ecity Cuben, Mexica 2 TVNO Specif		icen, etc.)		Black, Specify:	White, etc.	
3 Widowed 4 Divo	rced K	orea & V	iet Na	n		40					ute	
	EDENT'S EDUCAT y highest grade cor				NAL OCCUPATE		18b.	KIND OF BUSIN	NESS/INDU	STRY		
Elementary/Secondary (College (1-4 or 5 +)	ilife	Do NOT use i	retired.)	out or working	F	ederak	Gove	ring	nt	
12	=	0		Marnte	nance		u	.S. Po	stal	Seri	rice	
17. FATHER'S NAME (First, M	liddle, Lest)					18. MOTHER'S NA	WE (First, M	liddle, Maiden Sc	urname)			
J. Wilson 7	ooler'					Mae Leo	ma C	romes				
19e, INFORMANT'S NAME (Type/Print)		19	b. MAILING A	DORESS (Street	and Number or Rural	Route Numb	er, City or Town,	State, Zip C	Code)		
Elizabeth E	wing Po	oler	5	07 Neu	Castl	e St., R	ehobo	th Bea	ch, DE	199	971	
20a. METHOD OF DISPOSIT		14	20b. PLACE other pl	OF DISPOSIT	ION (Name of ce	metery, crematory or		20c. LOCA	ATION - CI	ty or Town	n, State	
4 Donation 5 Other		I from State			is Ceme	teru		Smur	na, 1)e.X.au	vare.	
21. SIGNATURE OF FUNERA	L SERVICE LICEN	SEE			22, NAME A	NO ADDRESS OF FA		_				
► Willie	mB (a	spenter .	7.		Parse P.U.	ll, Atkıl Box 477,	ns & Lewe	Lodge s, DE	Fune? 19958	ral t	tomes, Inc.	
23. PART i. Enter the d		nplications that i			anter the m	ode of dying, aud	ch aa card	lac or reapire	atory arre	at,	Approximata interval Batwean	
IMMEDIATE CAUSE (FI		11									Onset and Death	
disease or condition resulting in death)	→ .	Ader	1000	remo	ma	Lung					2 mos	
	4-2	DUE TO (C	R AS A CONSE	OUENCE OF	> 1	Lung					1100	
	b	Ciga	relle	2	moke	ug					140 41.	
Sequentially flat condit if any, leading to imme	diate	DUR TO (C	R AS A CONSE	OUENCE OF):		_6						
cause. Enter UNDERLY CAUSE (Disease or Ink												
that initiated events resulting in death) LAS		DUE TO (C	R AS A CONSE	OUENCE OF):								
reauting in death) CAS	d										-	
PART II. Other significa	ant conditions of	contributing to d	eath but not	rasulting in	the underlying	g cause given in	Part i.	24a, WAS AN A	UTOPSY	24b. V	WERE AUTOPSY FINDINGS	
Chellin		py a						PERFORM	1		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
- Chimo	11210	ry w	M. I	neria	7/ /00/			1 TYES 2	NO		OF DEATH?	
		/					_			1	YES 2 NO	
26. WAS CASE REFERRED 1 EXAMINER?		OSPITAL:		10	26. F	LACE OF DEATH (C	heck only on	e)				
1 TES 2 NO	1	Inputient 2		DOA 4	☐ Nursing Ho	me 5 Residence	_	117				
27. MANNER OF DEATH	Pending	28e. DATE OF It (Month, Day		28b. TIME	RY W	JURY AT ORK?	28d. DE\$	CRIBE HOW IN.	JURY OCCI	JRED		
2 Accident	Investigation					YES 2 NO						
3 Suicide 8 4 Homicide	Could not be	28e, PLACE OF building, et	INJURY — At he c. (Specify)	ome, farm, str	eet, factory, offi	ce		ATION (Street en or Town, State)	d Number o	or Runal Ro	ute Number,	
4 [] Nomicide	determined											
	TIFYING PHYSICIA	N: To the best of m	y knowledge, d	eath occurred	st the time, dat	e end place, and du	e to the cau	se(e) and mann	ner as state	d.		
MED MED	ICAL EXAMINER:	On the basis of exa	mination and/or	investigation,	In my opinion,	death occured at the	e time, date	end place, end	due to the	cause(a)	and manner ea stated.	
29L SIGNATURE AND YITLE	с ор сентител	100	0	1	,	29c. LICENSE NU	MBER		29d. DATE	SIGNED (Month, Day, Year)	
(Tober	M	14/14	vine	- m	0	D 36.	246	,	13	-7.	-90	
IO. NAME AND ADDRESS O	F PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	M 27) (7/20-P	rrine) /							
145 Ea	st C	arroll.	5%.	Sa	lisb	ary 1	ud.	. 2	18	01		
31. DATE FILED (Month Day	"TOON	32. REGISTRAN	S SIGNATURE	413		1	-1			· ·		
III IIIII I A	1330	7		~								

permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the flour of the FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the filed within 72 hours after death with the State Dept. of Health and Mental Hydrene prior to burial, cremation, or mental manually in the manual completely filled in the medical interests.

COMPLETED BY PHYSICIAN: MEDICAL

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11	FOR 1 - STATE REGISTRAR	STATE OF M		DEPAR ERTIF						TYGIENE	7	90	062	12
	1. DECEDENT'S NAME (First, Middle, Lest) Lima. Sowers Pr							2. DATE OF MONTH	DEATH DAY	90	YEAR	3. TIME OF DEATH	м	
	4. SOCIAL SECURITY NUMBER 245–26–3755	5. SEX 1 M 2x00 F	MONTHS DAVE HOUSE ASSA (MONTHS YEST)								8. BIRTHPLACE (State or Foreign Country) Virginia			
TOR	9a. FACILITY NAME (If not institution, give a 5 Emala Avent		96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY O								imore			
DIRECTOR	Maryland Ba		10c. Ci1	ry, town (dle]	Rive:	r				10d. INSIDE CITY LIMITS? 1 YES 2XXN	0	
FUNERAL	100. STREET AND NUMBER 5 Emala Avenue				101	212				10g. CITIZ	g. CITIZEN OF WHAT COUNTRY? USA			
E COMPLETED BY	11. MARITAL STATUS 1 Never Married 2 Married 3 XXVIdowed 4 Divorced	T EVER IN U.S. A YES 230 AR OR DATES			If yes, sp		n, Mexica	IIC ORIGIN? (S n, Puerto Rici		or No—	14. RACI Blac Spec	E — American Indian k, White, etc. ^{ify:} White		
	15. DECEDENT'S EDU (Specify only highest grade (Specify only highest grade the grade	16a. D	166. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Housewife Homemaking											
	17. FATHER'S NAME (First, Middle, Last) Eli Pleasant S	16. MOTHER'S NAME (First, Middle, Maiden Surname) Nora Etta Worrell												
TO B	19a. INFORMANT'S NAME (Type/Print) Mary Lee Rhodu	1:	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5176 W. Lake Avenue Littleton, Colorado 80123											
	20a. METHOO OF OISPOSITION 1	20b. PLACE other I	PLACE OF DISPOSITION (Name of cometery, cremetory or Holly Hill M.G. Mausoleum Baltimore									ì		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LASSANN FUNERAL Home 7401 Belair Rd. Balto., Md.								21236					
åù.	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a.									Approximatintarval Bat Onset and	tween			
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													

resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 29100 1 YES 2 NO 1 YES 2 NO NI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpetient 2 I ER/Outpetie ence 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK?

1 YES 2 NO 284. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural 10. 2 Accident 26e. PLACE OF INJURY — At home building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be determined B 4 Homicide

29e. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER

Amb ONen 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) -501

or 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Donato A. Vargas, Jr. 1010 Wilson Pt. Rd. Baltimore, Maryland

32. REGISTRAR'S SIGNATURE

AN AND AND ADDRESS OF A DAY. THE REAL PROPERTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR

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TO BE COMPLETED BY FUNERAL DIRECTO

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bund-transit permit. Pages 1, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ITEMS:23pt1,part2,27 per ME G-661 3-29-90 cm STATE OF MARY STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

- STATE REGISTRAR		SIAIL OF F	INITION					DEATH	MICIA	REG. NO			
1. DECEDENT'S NAME (First,	A 23.5								2. D/	ATE OF DEATH	AY	YEAR	3. TIME OF DEATH
	LEWI		WILEY		PARHAM		MONTH 23-90 DAY				5:05PM		
I. SOCIAL SECURITY NUMB	ER	5. SEX	-	n yrs. lest t		IF UNDER 1 YE	\rightarrow	IF UNDER 24 HRS. HOURS MIN,	(M	TE OF BIRTH onth, Day, Year)		Count	HPLACE (State or Foreign
212-66-5898		1 XM 2 - F	9	33 YRS.					_	RIL 25,	195€		RYLAND
Pax River	NAS HO				_			NT RIVE				. Ma	ary's Co.
RESIDENCE OF DEC	10b. COUNT	Y		I	10c. CITY.	TOWN OR L	OCATIO	ON .					10d. INSIDE CITY
MARYLAND	C.L	. MARY'S				ONARD							LIMITS?
DO. STREET AND NUMBER	01	. HARL D			111	OWNIC		ZIP CODE			10a, CI	TIZEN OF	WHAT COUNTRY?
73 LORD CA	TAFRT	TRATIFR	PARK					20650			100	J.S.A	
1. MARITAL STATUS Never Married 2 Widowed 4 Divo	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN	2 NO	ED	If yo	s, spec	NDENT OF HISPA	nn, Puel			14. RAC	E — American Indian, ck, White, etc.
15. DEC	EDENT'S EDU	CATION				SUAL OCCU				16b. KIND OF BU	SINESS/IN	IDUSTRY	
(Specify only Elementery/Secondary (0 12	y highest grade 1-12)	College (1-4 or 5	+)	(Give		rk done durin				CONSTRI	JCTIO	ON	
7. FATHER'S NAME (First, M	iddle, Last)							18. MOTHER'S NA	ME (Fir	st, Middle, Maiden	Surname)		
CARROLL	WILE	EY PARHA	M					NINA	CA	ARTER			
a. INFORMANT'S NAME (ype/Print)			19b.	MAILING A	ADDRESS (St	treet an	d Number or Rural	Floute A	lumber, City or Tox	vn, State, Z	(ip Code)	
NINA C. GRA	VES			P.(D. BC	X 453	3,]	LEONARD	rowr	N, MARY	LAND	206	550
Ba. METHOD OF DISPOSIT	ION	noval from State	20b.	PLACE O	F DISPOSE	TION (Name	of ceme	etery, crematory or		20c. L0	CATION -	- City or 1	own, Stata
☐ Donation S ☐ Other			CXA			ORIAL	G	ARDENS		LEO	NARD'	FOWN .	MARYLAND
SIGNATURE OF FUNEY	R	meliel		,		22. NA	BR	ADDRESS OF FA INSFIELI ONARDTOV) FU	JNERAL 1		P.A	
resulting in death) Sequentially list condit If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju that initiated events resulting in deeth) LAS	diate ING Iry	b	O (OR AS A	CONSEQU	JENCE OF)	:							
PART II. Other signification ACUTE AND	ant condition				sulting in	the unde	riying	cause given in	Part I	I. 24s. WAS AI PERFO	RMED?		b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH? YES 2 NO
5. WAS CASE REFERRED T	O MEDICAL	1					26. PL	CE OF DEATH (C	heck on	(v one)			
EXAMINER?		HOSPITAL:	V FR/Outn	untlant 3 [OTHER:		5 - Residence				-	
7. MANNER OF DEATH		28a. DATE O	F INJURY	T T	28b. TIME	OF 28	c. INJL	IRY AT	_	DESCRIBE HOW	INJURY O	CCURED	
	Pending		Day, Year)		INJU	JRY	WOF	RK? ES 2 NO					
2 Accident 3 Suicide 8 4 Homicide	Investigation Could not be determined	28a. PLACE	OF INJURY , etc. (Spec	— At hor	ne, ferm, st					LOCATION (Street City or Town, State		er or Rura	Route Number,
CONTROL ONLY		SICIAN: To the best of											(a) and manner as state
91- SIGNATURE AND TITL	OF CERTIFIE	9///	7					29c. LICENSE NU	MBER		29d. D/		D (Month, Day, Year)
trelle	111	ent	w					OCME				T_	-24-90
FRANK FER	ERSON W		JSE OF DE	ATH (ITEM			nn S	Street,	Balt	imore,	MD 23	1201	
11. DATE FILED (Month, Day,	1 90	32. REGISTR	AR'S SIGN		indell								

1	•	FOR STATE REGISTRAR
_		

	1 - STATE REGISTRAR	STATE OF MARYLAND / CE		IMENT OF			IENTAL HYGIEN REG. NO	_			
	1. DECEDENT'S NAME (First, Middle, Last)	Phoeni	X				2. DATE OF DEATH		9'8" 3	LOS	₩ M
	4. SOCIAL SECURITY NUMBER 5.	birthday)	IF UNDER 1 YE		MIN.	7. DATE OF BIRTH 8. BIF (Month, Day, Ybar) Cod			LACE (State or Fi	oreign	
	Infant 9s. FACILITY NAME (If not institution, give street	□ M 2 🔀 21mont	hs						BALTO , MD		
OR	SINAI HOSPITAL				BALT	IMOE	RE	MARYLAND			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			r, TOWN OR LO				10d. INSIDE C			
	MD		В.	ALTIM					LIMITS?	NO	
FUNERAL	22 S. Cattheri	ne Street			10f. ZIP COD 21	223	10g. CITIZEN			N OF WHAT COUNTRY? USA	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	O If yes, specify Cuban, Maxican, Puerto Rican, etc.) Bit							RACE — American Indien, Black, White, atc.		
COMPLETED	15. OECEOENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 18s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY										
COL	17. FATHER'S NAME (First, Middle, Last)				200		NE (First, Middle, Maiden	Sumame)			
BE	PURCELL PHOEN 19a, INFORMANT'S NAME (Type/Print)		MAILING	ADDRESS (Sh			SY BROWN oute Number, City or Tow	m State 7in	Codel		
5	DAISY BROWN			. CAT						MD 21:	223
	20s. METHOD OF DISPOSITION TX Burlel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)			Memorial netroy or 20c. Baltimor US MEMORIAL PARK ARBUTUS							
	21. SIGNATURE OF FUNERAL SERVICE LICENS	hosti	H	LE		DY	ETT & S				ME
	23. PART I. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. Liet only one cause of each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) S. PART I. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, interval Batween Onset and Death 2 mos. Approximate Interval Batween Onset and Death 2 mos.										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significant conditions co	ontributing to deeth but not n	esuiting i	n tha under	ying cause	given in f	Part I. 24s. WAS AN			VERE AUTOPSY F	
PHYSICIAN: MEDICAL			PEREOFINED?						AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 WHD		CAUSE
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	26. PLACE OF DEATH (Check only one) OTHER:								
BY PHYS	1 VES 2 NO 1 Minpetient 2 ER/Outpatient 3 27. MANNEB-0F OEATH 1 Netural 5 Pending Investigation Investigation			DOA 4 Nursing Home 5 Residence 28b. TIME OF VORK? INJURY WORK? M 1 YES 2 NO			8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED				
	3 Suicide 8 Could not be datermined	ome, farm, street, factory, office 2				261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										stated.
BE	GNATURE AND WILL OF CHAPTER	lemb			29c. LIC	ENSE NUM	17.(E SIGNED	Month, Day, Year,)
٩	IQ NOME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH (ITEM	₩27) (Type,	Print) L	OSPIT	Pri.	OF BOLT	mol	26	10	
	31. DATÉ FILED (Month, Day, Year) MAR 1 2 1990 Ju	32. REGISTRAR'S SIGNATURE	L								



DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.												
1. DECEDENT'S NAME (First,	Middle, Last)							DATE OF DEATH	3. TIME OF DEATH			
George		Ε.			Pridge	on	M	arch 6		1990	M	
4. SOCIAL SECURITY NUMB		.575	B. AGE (In yrs. In		IF UNDER 1 YEAR		7. D.	ATE OF BIRTH Wonth, Day, Year)		8. BIRTHP Country)	LACE (State or Foreign	
216 28 746	•	1 XX M 2 □ F	57	YRS.			_	ec.13, 1			yland	
9a. FACILITY NAME (If not ins						OR LOCATION OF E	DEATH	9c. COUNTY OF DEATH				
North Arundel Hospital					Gler	Burnie			Anı	ie Ar	undel	
10a. STATE	10b. COUNTY			10c. CITY	TOWN OR LO	ATION			10d. INSIDE CITY			
Maryland	Ann	e Arundel		1		Pasa	den	a	1 TES 2XXNO			
10e. STREET AND NUMBER						IOI. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?			
8393 Coun	try Gr					2	1122	2	Unit	ced S	tates	
11. MARITAL STATUS 1 Never Married 2 X	Married	12. WAS DECEDENT FORCES? 1 S IF YES, GIVE WA	EVER IN U.S. A	RMED NO		ECENDENT OF HISP/ apacify Cuban, Maxic			or No—	14. RACE - Black,	- American Indian, White, etc.	
3 Wildowed 4 Divo		IF YES, GIVE WA	F OR DATES		1 🗆 Y	ES 2 NO Spec	elfy:			Specify	White	
	EDENT'S EDUC		16a. D	ECEDENT'S U	JSUAL OCCUP	TION		16b. KIND OF BUS	INESS/IND	USTRY		
(Specify only Elementary/Secondary (0	highest grade (completed) College (1-4 or 5+)		Give kind of w le. Do NOT use	ork done during retired.)	most of working	i					
6		ASSESS OF		Buto	cher			Unit	ed St	ates	Government	
17. FATHER'S NAME (First, Mi	. ,		_					irst, Middle, Maiden	Surname)			
James		н.	P	ridge	on	Mab1	e		D.		Wicker	
19a. INFORMANT'S NAME (7)			1			t and Number or Rura						
Mary L. Pr						y Grove					21122	
20e. METHOD OF DISPOSITI	n 3 🗆 Remo	oval from State	other p	olace)		cemetery, crematory or				City or Tow		
4 Donation 5 Other 21. SIGNATURE OF FUNERAL		ENSEE	Gle	n Have		rial Par			en Bu	ırnie	, MD	
· 9/	0 01	60	-			lly Fune			Pasa	adena		
Stipl	w. N.		ma		3204	Mountai	n Re	d., Pasa	dena	, MD	21122	
23. PART i. Enter the di ahock, or he	iseases, or c eart failure. I	ompifications that List only one caus	caused tha d e on each iin	leath. Do n	ot enter tha	node of dying, su	ich as	cardlec or reapi	ratory an	est,	Approximata interval Batween	
iMMEDIATE CAUSE (Findisease or condition	nei	0 -1	n.		1.01	1/4					Onset and Death	
resulting in death)	→	aute	my	LEAVE OF	cal f	njacel	110					
		Page	10.0	0.7	- 10	1					i ·	
Sequentially list conditi		DUE TO	OR AS A CONSI	EQUENCE OF	y AX	chean	0				1	
if any, leading to imme- ceuse. Enter UNDERLY	ING	. meto	station	Cad	Linn	a solly	an	11000	/			
CAUSE (Disease or inju	lα ,	DUE TO (OR AS A CONSI	EQUENCE OF	i Con	a of	Second 1	- Cuty				
resulting in death) LAS	T L					V						
PART ii. Other significa	ent condition	e contribution to	leath but not	manifelma is	the underly	ina causa abun i	n Dord	I. 24e, WAS AN	ALITOROV	1 245	WERE AUTOPSY FINDINGS	
TAIT II. Ollor Organica	out out out	a continuating to	Journ Dat Hot	resoluting in	i die diceri	ing cades given i	or vant	PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE	
-								1 TES 2	TNO		OF DEATH?	
											1 YES 2 NO	
25. WAS CASE REFERRED TO	O MEDICAL			1	26	PLACE OF DEATH (Check ≃	nly one)				
EXAMINER?		HOSPITAL:	FB/Outnotions	3 P 004	OTHER:	ome 5 🗆 Residence						
27. MANNER OF DEATH		28a. DATE OF	NJURY	28b. TIME	OF 28c.	NJURY AT	_	I. DEŞCRIBE HOW II	NJURY OC	CURED		
	Pending Investigation	(Month, Da	K Mean)	INJ		WORK? YES 2 NO						
A C State	Could not be	28e. PLACE OF	INJURY At I	nome, farm, s	treet, factory, c	ffice	281.	LOCATION (Street a City or Town, State)		or Rural Ro	oute Number,	
	determined	bulliany,	ne (apocny)					City or lown, State)				
29a. CERTIFIER 1 CERT	TIFYING PHYS	CIAN: To the best of a	ny knowledge, o	death occurre	d at the time, o	ate and place, and d	ue to th	ne cause(a) and man	ner aa ste	led.		
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. One) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
29b. SIGNATURE AND TITLE	OF CERTIFIER	7 /				29c, LICENSE N	UMBER		29d. DAT	E SIGNED	(Mj6nth, Day, Year)	
mario	1 th	eda 1	110			D 9-	12	2	1,5	2/01	190	
30. MAME AND ADDRESS OF	PERSON WH	O COMPLETED CAUS	OF DEATH (IT	EM 27) (Type,	Print)		0			19/	<i></i>	
4211	40 8	4 STRE	ET F	AL	70,	UD. 2	12	25				
31. DATE FILED (Month, Day,	Year)	32. REGISTRAI	'S SIGNATURE									
MAKIZ 19	190 4	in Davidson	- Hande	- 4								

etached for use as the burial-transit permit. Pages 1, 2, 3 should hospital or attending physician. ARYLAND 21203-3146 IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE N TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

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BALLIMOHE, MA	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page and		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be me	
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2	Pa	ip je		ner	l
3	ath.	June		ше	l
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_	E.	cate	State	Item	ŀ
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	CIAN	ertifi	the	0	l
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5	NICH	AM	de:	S	l
S	TE	101	afte	28	l
>	A HO	IREC	SULS	E	l
	AL (AL C	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	H II	
	SPIT	NER	hin	Ë	
	유	E	WIL	MAL	
	H	王	flec	0	
	2	2	2	Ξ	

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMEN CERTIFICAT	IT OF HEALTH A		TAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	Willia	m Roya	1		TE OF DEATH	90	3. TIME OF DEATH R 2,25 AM M			
	4. SOCIAL SECURITY NUMBER 226-07-8871	5. SEX 6. AGE	(In yrs. leat birthday) F UND YRS. MONTHS	ER 1 YEAR IF UNDER 24		TE OF BIRTH onth, Day, Year)	6. B	RTHPLACE (State or Foreign Dunity) 8 n /- +; may Me			
OR	98. FACILITY NAME (Il not institution, give street and number) PAT MONT NUR STANG HOME BOLT, TOWN OR LOCATION OF DEATH BOLT, TOWN OR LOCATION OF DEATH BOLT, TOWN OR LOCATION OF DEATH BOLT, TOWN OR LOCATION OF DEATH BOLT, TOWN OR LOCATION OF DEATH BOLT, TOWN OR LOCATION OF DEATH BOLT, TOWN OR LOCATION OF DEATH BOLT, TOWN OR LOCATION OF DEATH BOLT, TOWN OR LOCATION OF DEATH										
DIRECTOR	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. MAY, HAND BRITINGS 100.										
	10e. STREET AND NUMBER	·	Duck	10f. ZIP CODE		I	10g. CITIZEN	1 YES 2 □ NO DF WHAT COUNTRY?			
FUNERAL	1701 Eutau	1 Place	Apt 604	2) 3. WAS DECENDENT OF H	211	7	4	SA			
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? YES	2 NO	If yes, specify Cyban, I				RACE — American Indian, Black, White, etc.			
TED	15. DECEDENT'S EDUC (Specify only highest grade		16e. DECEDENT'S USUAL (Give kind of work don	e during most of working	13	16b. KIND OF BUSI	NESS/INDUSTF	TY			
BE COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Labor NOT use retired	er		\wedge	H				
COM	17. SATHER'S NAME (First, Middle, Last)	Paral		16. MOTHER	R'S NAME (Fire	st, Middle, Maiden S	iumame)	- 4 0			
	19a. INFORMANT'S NAME (Type/Print)	Royal	19b. MAILINO ADDRE	SS (Street and Number or	Rural Route N	umber, City or, Town,	State, Zip Code	ace"			
2	Dorothy Luc	as	3625 5	pringda	1e H	ve/Bo	alto.	Md 21215			
-	20e, METHOD OF DISPOSITION 150 Burlel 2 Cremetton 3 Rem 4 Donation 5 Other (Specify)		on PLACE OF DISPOSITION (Cother place) OF MEN	Name of combuty, cremato	ory or	Raj	ation - city of	STOWN, State			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	2	2. NAME AND ADDRESS	OF FACILITY	1 1011	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 12			
	- Aladro	Warren		NM.C.N	larch	F.4.	1101 8	E. North Au			
		complications that cause List only ons cause on e	d the death, Do not ant each line.	er the mode of dying	, auch aa c	erdiac or reapir	atory arrest,	Approximete interval Between			
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Carci	noma od	the pro	stati	unth	Barre	Onset and Death			
		DUE TO (OR AS	A CONSEQUENCE OF):			with	stase	(
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):								
FICA	cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):								
ERT	resulting in death) LAST	d									
A P	PART II. Other algnificant condition	e contributing to deeth i	out not reaulting in tha	underlying cause giv	en in Part i	. 24a. WAS AN A		24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
MEDIC						1 YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?			
Ψ.	-							1 TYES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТВ	26. PLACE OF DEA	TH (Check only	y one)					
HYS	1 VES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Out 28e, DATE OF INJURY	patient 3 DOA 25b. TIME OF	uraing Home 5 Resid		ther (Specify) DESCRIBE HOW IN	JURY OCCURE	D			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK?	NO						
	3 Suicide 6 Could not be determined	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, term, etreet, factory, office building, attr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specific actr. (Specif									
COMPLETED	anal and	CIAN: To the bast of my know						use(a) and manner as stated.			
BE C	29b, SIGNATURE AND TITLE OF CERTIFIE		2		SE NUMBER			NED (Month, Day, Year)			
10	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Print)	1	6619		Ma	nch 8, 1990			
	C. VERGAR	4- SOARES	W.D. 100 N	BROAD	WAY	BALT.	ND.	21231			
	31. DATE FILED (MONTH, Day, Year) MAR 1 2 1990	32. REGISTRAR'S SIGNAL	NATURE CONTRACTOR								

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2	PHYSICIAN:
DIVISION OF VITAL RECORDS, F.O. BOA 13140	PITAL OR ATTENDING PHYSICIAN; The
5	8
	PITAL

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

AL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	IL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunda-transit permit. Pages 1, 2, 3 should be detached for use as the bunda-transit permit. Pages 1, 2, 3 should be detached for use as the bunda-transit permit. Pages 1, 2, 3 should be detached for use as the bunda-transit permit. Pages 1, 2, 3 should be detached for use as the bunda-transit permit. Pages 1, 2, 3 should be detached for use as the bunda-transit permit.	z hous aren usan with the same cept, or reent any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After the	IMPORTANT: If item 28 is mari	

TO BE COMPLETED BY FUNERAL DIRECTOR

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIE REG. N		
	1. DECEDENT'S NAME (First, Middle, Last)	= ₹.	REIVE	-5		2. DATE OF DEATH MONTH	DAY 9	S. TIME OF DEATH
i	4. SOCIAL SECURITY NUMBER 213-32-3875	5. SEX 6. AGE (I	1 yrs. last birthday) IF U	THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country); alto. Md
	98. FACILITY NAME (If not institution, give str HARBOR HOST	eet and number)	TER 96.	SAL	TI MOR	E, MI	9c. COUNTY	OF OEATH
	10a. STATE 10b. COUNTY			WN OR LOCATI	ON			10d. INSIDE CITY LIMITS? 1 Y YES 2 NO
į	10e. STREET AND NUMBER		DITE		ZIP CODE		977	N OF WHAT COUNTRY?
	1301 SHELLBANKS I	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECI	21225	IC ORIGIN? (Specify	Vea or No.— 14	A I. RACE — American Indian,
	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO	If yes, spe		n, Puerto Rican, etc.)		Specify: BLACK
	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of work of life. Do NOT use reti	tone during mos		16b. KIND OF I	BUSINESS/INOUS	TRY
	Elementary/Secondary (0-12) 6th	College (1-4 or 5 +)	LABORER	,		NA		
I	17. FATHER'S NAME (First, Middle, Last)	257450				ME (First, Middle, Maid	len Sumeme)	
	MARK 19a, INFORMANT'S NAME (Type/Print)	REIVES	19h MAII ING ADD	BESS (Street a	LENA	EMERSON Toute Number, City or	fown State Zin Co	orde)
	LENA REIVES					BALTO. MI		2
	20a_METHOD OF DISPOSITION 1\[\lambda \text{Surial 2 } \subseteq \text{Cremation 3 } \subseteq \text{Remote} 4 \subseteq \text{Donation 5 } \subseteq \text{Other (Specify)} \]	oval from State	PLACE OF DISPOSITION Officer Place) WESTERN ST	N (Name of cen	estery, cremetory or	20c.	ATONSVII	· man comme
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AN	D ADDRESS OF FA			
	> Alady	Warred		WM. C	. MARCH	F/H 1101	E. NOR	TH AVENUE
	23. PART I. Enter the diaeaes, or c shock, or heart failure. I	complications that caused List only one cause on e		nter the mo	de of dying, sucl	h as cardiac or re	apiratory arrea	intarval Between
the same of	IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	SEPTI	c SHO	2				Onset and Death
	Seminatelli, llet and delega	· PNEUN	consequence of):	- Pr	EVMO	NIA		
	Sequentielly list conditions, if eny, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):					
	CAUSE (Disease or injury thet initiated eventa reaulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):					
	PART II. Other aignificant condition	s contributing to death b	out not resulting in th	e underlying	cause given in	Part i. 24s. WAS	AN AUTOPSY	24b, WERE AUTOPSY FINDINGS
ŀ	HISTORY OF A	FLOHOUS	sm				FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	EMPHYSEM	1A				_		1 TES 2 NO
	25. WAS CASE REFERRED TO MEDICAL			26, PL	ACE OF DEATH (Ch	ack only one)		
١	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outs		HER: Nursing Hom	s 5 🗆 Residence	8 Other (Specify)		
	27. MANNER OF OEATH 1. Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WO	URY AT RK? ZES 2 NO	28d. DESCRIBE HO	W INJURY OCCU	RED
	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY building, atc. (Spe	— At home, farm, stree			281. LOCATION (Str. City or Town, St		Rural Route Number,
	4 Homicide determined	ballang, acc (open				Oily or lown, or	uio)	
	(Crieck Orly	CIAN: To the best of my know						l. cause(s) and manner as stated.
	29b. SIGNATURE AND THE CERTIFIER	CP-K-DI	FEA.MI)	29c. LICENSE NUI	MBER	29d. DATE S	SIGNED (Mopth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE			1500/00	-0 G	An-	11.05.112
-	31. DATE FILED (Month, Day, Year)	P2_REGISTRAR'S SIGN	NTEN S	VOLA	HAMIN	K JT-	(office)	work, on
1	MAR 1 2 1990	Archa Davidson	Market					

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-7 nours after death. Page 6 may be retain	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh be filed within 72 hours after death with the State Deut, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notif

REGISTRAR			ERITFIC							
1 DECEMENT'S NAME (First, Middle, Last		20.11		4/		2. DATE OF MONTH	F DEATH DAY		YEAR 3. T	IME OF DEATH
GENEVIEVE		KAUDE				3	- 2	-19	790	/ P. M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	MO		IF UNDER 24 HRS.	7. DATE OF (Month,)		. 6	Country)	E (State or Foleign
166-14-0994		, 10	YRS.			12/	24/19		FENN.	54LVANIA
HOWARK COUR		e Tanana a di A		CITY, TOWN OR	LOCATION OF O	ATH	415	c. COUNT	OF DEATH	
RESIDENCE OF DECEDENT	184 VEN	ERAL /	OSPITT	IZ COL	UMISIA			17	OWAR	D
10e. STATE 10b. COUN	TY 6		10c. CITY, TO	OWN OR LOCATIO	N				10d	INSIDE CITY
PENNSYLVANYA	BERKS		REI	ADING					1	YES 2 ANO
10e. STREET AND NUMBER					IP CODE		1	0g. CITIZE	EN OF WHAT	
222 PERSHIN	G BLVD				9607			U:	S.A.	
11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1		MEO		DENT OF HISPAI			No- 1	14. RACE — A Black, Wh	merican Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V		Jii O	1 YES 2	ty Cuben, Maxica NO Specif		an, etc.)		Specify:	
~	1			1 '				- 1	WH.	ME
15. DECEDENT'S ED (Specify only highest grad	de completed)		DECEDENT'S USU 'Give kind of work fe. Do NOT use re	UAL OCCUPATION done during most of street)	of working	16b. K	IND OF BUSIN	ESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	House,			01	WN H	DME	-	
17. FATHER'S NAME (First, Middle, Last)			/UNC.		IS. MOTHER'S NA			7//-		
	KONDRA:	SKI			ANEL	1	Jule, marceri co	marrier,		
19a. INFORMANT'S NAME (Type/Print)	.0102/015		19b. MAILING AD	DRESS (Street and	Number or Rural	Route Number	City or Town.	State. Zio C	Code)	
LINDA HAPNEL	/		72011	KININI	EP Por	IN P	NIINI	IA	1/1	2111/12
20-METHOD OF DISPOSITION	· · · · · · · · · · · · · · · · · · ·	20b. PLAC	E OF OISPOSITION	ON (Name of came)	ery, crematory or	<u> </u>	20c. LOCA	TION — CI	Ity or Town, 1	State
1 Burial 2 Cremation 3 Re	moval from State	other	place) LAU	IREZ NA	LE CEI	HETER	d Mo	HLE	NREP	G. DA
	ICENSEE			22. NAME AND	ADDRESS OF FA	CILITY	~ //	1 -04	4 00	1/2
21. SIGNATURE OF FUNERAL SERVICE I	JOLIVOLL					a Barrier and a	1/ //	MIKE	6 6011	JECAL HOL
	12/1			CEROY	M. A.K	DSSECC				
21. SIGNATURE OF FUNERAL SERVICE	Witch	of coursed the	fasth Do ont	SS53	M. & K		US RI	s. Ca	SCUH!	BYA MD 21
	Otto	it caused the cuse on each lice	death. Do not	Ekcy 5553 enter the mode			US RI	s. Ca	SCUH!	Approximate interval Between
21. SIGNATURE OF FUNERAL SERVICE (23. FART I. Enter the diseases, p.	Otto	it caused the cuse on each line	death. Do not		of dying, suc		US RI	s. Ca	SCUH!	Approximata
21. SIGNATURE OF FUNERAL SERVICE 23. FART /. Enter the diseases, plantak, or heeft failure IMMEDIATE CAUSE (Final	complications the	tas ta	tc 1	Eloy 5553 enter the mode	of dying, suc		US RI	s. Ca	SCUH!	Approximate interval Between
23. FART I. Enter the diseases, pahock, or heert failure disease or condition	complications the	at caused the cuse on each life.	tc 1		of dying, suc		US RI	s. Ca	SCUH!	Approximate interval Between
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PLAI 28. PLAI 28. PLAI THER: Nursing Home PF 28c. INJUP WORN 1 YE et, factory, office at the time, data as	cause given in CE OF OEATH (CF 6 Residence TY AT CF S 2 NO	Part I. 2 Part I. 2 Deck only one) a Other (28d, DESC 28f, LOCAT City or	24a. WAS AN AL PERFORM! 1 YES 2 (Specify) RIBE HOW INJ. FION (Street and Town, State)	TTOPSY ED? 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FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	OIRIE OI II	Iniii Laite		ICATE OF			REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH	1,1,72	3. TIME OF DEATH
JOHN R	EEDER					MARC	CH 6.	1990	м
4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	6. BIRT	HPLACE (State or Foreign
218-01-3908	1 XM 2 ☐ F	84	YRS.	MONTHS DAYS	HOURS MIN.	2 / 1 E	/06	M Z	RYLAND
9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOWN	OR LOCATION OF D		700	c. COUNTY OF	
2502 CALVERTO	N HGTS.	(RES	.)	BALTII	MORE CI	TY			
10e. STATE 10b. COUNT	r			Y, TOWN OR LOCA					10d. INSIDE CITY LIMITS?
MARYLAND			В	ALTIMO					1 XYES 2 NO
100. STREET AND NUMBER 2502 CALVERTO	N HEIGH	TS		10	21216		1	og. CITIZEN OF USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDEN FORCES? 1	X YES 2	ARMED NO	If yes, sp	CENDENT OF HISPA ecify Cuban, Mexic	en, Puerto Ric		Black	CE — American Indien, ck, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE V	3-11/	1 = / 4 =	1 YES	NO Speci	lfy:			LACK
15. DECEDENT'S EDU	CATION			USUAL OCCUPATI		16b. K	IND OF BUSINI		IMCK
(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done during me se retired.)	ost of working				
17. FATHER'S NAME (First, Middle, Last) HANSON REEDER					16. MOTHER'S N.	AME (First, Mid REEI		name)	
19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street :				State Zin Code)	
DAISEY REEDER									. 21216
20e. METHOD OF DISPOSITION	THE THE	20b. PLA	CE OF DISPO	SITION (Name of ce			_	ION — City or 1	
1 Donetion 5 Other (Specify)	oval from State		RRTSC	N FORE	ST CEME	TERY	DWING	S MIL	L, MD.
21. SIGNATURE OF UNERAL SERVICE LI	CENSEE			22. NAME A	NO ADDRESS OF F	ACILITY			
LOSALO	· Les	11	-		OY O. D O LIBER				RAL HOME
23. PART L Enter the dispases, pr	complications the	at caused the	death. Do	not antar tha me	oda of dying, su	ch aa cardia	c or respirat	ory arreat,	Approximata
shock, or hairt fallure.	List only one csu	use on aach	line.	_					Interval Between Onset and Death
disease or condition	90	ARCIN	AMO	PRO	STATE				
resulting in death)	OUE TO	(OR AS A CON	ISEQUENCE O	OF):					
	· Bol	UE	MET	TASTAS	15				
Sequentially list conditions, If sny, leading to immediate		(OR AS A CON			i i				
CAUSE (Disease or Injury	c								
that initiated events resulting in death) LAST	DUE TO	(OR AS A CON	ISEQUENCE O	OF):					
resulting in death) Exs.	d								
PART II. Other significant condition	ns contributing to	death but n	ot resulting	In the underlyin	g cause givan ir	Part I. 2	4a, WAS AN AU	TOPSY 24	b. WERE AUTOPSY FINDINGS
							PERFORME		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						— I '	YES 2	NO	OF DEATH?
					·				1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26, P	LACE OF DEATH (C	check only one)			
EXAMINER?	HOSPITAL:	☐ ER/Outpation	t 3 🗆 DOA	OTHER:	ne 5 D Residence		Specify)		
27. MANNER OF DEATH	28a. DATE OF		28b. TII	WE OF 28c, IN	JURY AT		RIBE HOW INJU	JRY OCCUREO	
1 Natural 5 Pending	(Month, E	Jay, Year)	IN IN	44	ORK? YES 2 NO				
2 Accident Investigation 3 Suicide S Could not be	28e. PLACE C	OF INJURY — A	t home, farm,	atreet, factory, offic	28	281. LOCAT	ION (Street end Town, State)	Number or Rure	l Route Number,
4 Homicide determined	201141119	ate: (opecity)				City or	iowii, State)		
290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	f my knowledge	, death occur	red at the time, date	end place, and du	e to the cause	(e) end manne	r ee stated.	
one) 2 MEDICAL EXAMINI	R: On the beele of a	end	l/or investigati	on, in my opinion,	death occured at th	a time, date a	nd place, end d	lue to the ceuse	(e) end menner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIE	PX AA	1.1.			29c. LICENSE NU		2	9d. DATE SIGNE	D (Month, Day, Year)
VICTOR	alou	ua H.J) ·		1004	805		> 31	7190
30. NAME AND ADDRESS OF PERSON WE	TIMARE	ST.	BA		a MD	212	23		
31. DATE FILED (Magin, POOT)	white Participation	PRIS ANNI OF	E		- , ,				
MIMIL T 1930 9									

and he detached for use as the burial-transit permit. Pages 1, 2, 3 should by the hospital or attending physician. MANY AND 21203-3146 IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within excouns after death, Page 6 mm. TO THE FUNEFALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funetal director, the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ours after death. Page 6 m DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

WLAND 21203-3146

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 miles	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. I I I I I I I I I I I I I I I I I I I	IMPORTANT: It ham 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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	FOR STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT OF H		MENTAL	HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE C	OF DEATH	5.00	3. TIME OF DEATH
1	THON	MAS	JAME	75	RTI	EFNER	MONTH 3.	-8-90	RASY	3:37AM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1 YEAR	IF UNDER 24 HRS	7. DATE O	F BIRTH		THPLACE (State or Foreign
		1 W M 2 🗆 F	26	YRS.	MONTHS DAYS	HOURS MIN.	1	Day, Year)	Cou	
	215-96-2616 9a. FACILITY NAME (If not institution, give s				OF CITY TOWN	OR LOCATION OF	Feb.	3, 1964	e. COUNTY OF	aryland
DIRECTOR	Franklin Square Hos			_		ville	VEAT		Baltim	
	10a, STATE 10b, COUNT			10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
<u>E</u>	Mayer (1 appd				Balti	movo				LIMITS?
1 1	Maryland 100. STREET AND NUMBER			1		f, ZIP COOE		T ₁	0a. CITIZEN OF	WHAT COUNTRY?
PA							4044			LICA
FUNERAL	3514 Ailsa Avenue	12 WAS DECEDE	NT EVER IN U.S. AR	MED	13 WAS DE	CENDENT OF HIS	1214	(Specify Yea or	No. 14 BA	USA CE — American Indian,
5	1 Never Married 2 Married	FORCES?	1 YES 2 V		If yes, sp	secify Cuban, Mex	Ican, Puerto R	ican, atc.)	Bia	ick, White, atc.
à	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES ^		1 U YES	S 2 NO Spe	city:		sp	white
	15. OECEDENT'S EOU	ICATION	18e. OE	CEOENT'S	USUAL OCCUPATI	ON	186.	KIND OF BUSIN	ESS/INOUSTRY	
151	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	life	ive kind of Do NOT u	work done during ma se retired.)	ost of working				
1 7 1	12	Conega (1-4 or 5	*/	Floor	trician					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			LICC	CL TCTGIT	16. MOTHER'S	NAME (First, M	liddle, Maiden Su	rname)	
		vo 1vo				Margu	Vitcon			
8	Frederick H. Riefne	r. or.	10	6 MAILING	ADDRESS (Street		Kitson	er City or Town	State Zin Code)	
유	1.00	- C 1								
	Mr. Frederick H. Ri	erner, Jr.			ilsa Avenu			aryland :	ZIZI4 TION — City or	Town State
	20a. METHOD OF DISPOSITION 1 Burial 2 □ Cremetion 3 □ Ram	noval from State	other n	(aca)	SITION (Name of ce					
.1/0	4 Oonation 5 Other (Specify) 21. SIGNATURE OF FUHERAL BERVICE LI		Garden	5 01 1	Faith Ceme	ND ADDRESS OF		Dait	imore M	ar y Lariu
	21. SIGNATURE OF FUREHAL SERVICE U	IlAu	L			d J. Ruck		5305 Har	ford Rd.	21214
CERTIFICATION	shock, or heert fellows. IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth) Sequentisily list conditione, If any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	COMBINE OUE TO	ED PROPO	XYPHE ND E COUENCE C	OF):	ETHANOL INTOXIC		ICATION		interval Between Onset end Deeth
E	Toolking in doubly Exo.	d								
MEDICAL	PART II. Other eignificant condition CHRONIC ETHANOI		o death but not	resuiting	in the undariyi	ng cause given		24a. WAS AN AL PERFORM XTXXYES 2	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? XXXXYES 2 \(\square\) NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH	(Check only on	Θ)		
LSI	1)(C)(M)(S 2 □ NO	1 □ Inpatient &	2 ER/Outpatient	3 🗆 DOA		me 5 🗆 Residen				
BY PHYSICIAN:	27. MANNER OF OEATH 1 Naturel 5 Pending Investigation		Day, Year)	28b. TI	IJURY W	JURY AT YORK? YES 2 2 NO		STED DR		D ALCOHOL
	2 Accident Investigation 3 Suicide 6 Could not be building, etc. (Specify) 4 Homicide datarmined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office City or flown, State) 4 9 0 BALTIMORE COURT							902 RE	LATE ROAD	
COMPLETED	(Chaptic only	SICIAN: To the best								se(a) and manner as stated.
BE C	290. SIGNATUME AND TIPLE OF CERTIFS	ER				29c. LICENSE	NUMBER		29d. OATE SIGN	NED (Month, Day, Year)
10 B	SO, NAME AND ADDRESS OF HERSON W	HO COMPLETED CA	USE OF DEATH (IT	EM 27) (Typ	oe, Print)	OCM	<u> </u>		► 2-0=	· 2 U
	JAMES KAPLAN, M	1D		1	.11 Penn	Street	,Balti	more,MI	21201	VC
	31 MAR 1 2 1990	A BUREAU	No. of London							

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE TARRYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page many earth hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dimensional be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND MENTA	L HYGIENE
CERTIFICATI	OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Las	17)				2. DATE OF DEATH MONTH DA	Y YEA	3. TIME OF DEATH	
ı	Helen	W. On	em		,	03 8	2		
	4, SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or Foreign ountry)	
	218-32-9191 9a. FACILITY NAME (If not institution, give	1 M 2 F 7	3 YRS.	DAYS DAYS	HOURS MIN.	April 19,19		a.	
FUNERAL DIRECTOR	Good Samaritan Hosp	oital		Ba	ltimore		City		
EC	10a. STATE 10b. COUL	NTY	10c. CITY, T	OWN OR LOCAT	ON			10d. INSIDE CITY LIMITS?	
E	Md.	Baltimore	Ba	ldwin				1 YES 2 NO	
4	10e. STREET AND NUMBER	Dartemore	1 50		ZIP CODE		10g. CITIZEN (OF WHAT COUNTRY?	
ER/	14204 Carroll Ridge	Court		2	1013		USA		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES	N U.S. ARMED			IC ORIGIN? (Specify Year, Puerto Rican, atc.)	or No- 14. F	RACE — American Indian, Black, White, etc.	
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D			2 X NO Specify		100	Specify:	
	K	<u> </u>	1	1			<u> </u>	White	
COMPLETED	15. DECEDENT'S E (Specify only highest gro		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mo	N at of working	16b. KIND OF BUS	SINESS/INDUSTF	iv .	
١٣	Elementary/Secondary (0-12)	College (1-4 or 5+)							
M	17. FATHER'S NAME (First, Middle, Last)		Homemak	er	10 MOTHER'S NAI	ME (First, Middle, Maiden	Cruma mail		
	Rudolph Borman				Frieda	ME (First, Milotie, Melder)	Summerne)		
BE	19a, INFORMANT'S NAME (Type/Print)		19h MAII ING AF	ODRESS (Street a		Route Number, City or Tow	n, State, Zin Code	9)	
2	Nettie Adams					ldwin, Md. 21		·	
	20a, METHOD OF DISPOSITION	20	b. PLACE OF DISPOSIT				CATION — City (or Town, State	
	1 Donation 5 Other (Specify)	amoval from Stata	other place) breland Memo					Maryland	
	21. SIGNATURE OF FUNERAL SERVICE		bi etaliki Malb		D ADDRESS OF FAC		II CIIIOI C.	I BI VIGILI	
	₿ames F. Gladden	James / Bla	ldu-	Leonan	J. Ruck	Inc. 5305 Har	ford Roa	d 21214	
	23. PART i. Enter the diseases, or heart failting			sntsr ths mo	ds of dying, sucl	h ss cardiac or resp	retory srrest,	Approximate interval Between	
	IMMEDIATE CAUSE (Fine)								
	disesse or condition resulting in deeth)	· Cowdi	ylva-c	nemen	w m	umbahia	N _		
	resoluing in descrip	e. Cevero Due to (or as	A CONSEQUENCE OF):	Α .	01				
z	A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH	D1		2 pr	spen	6110			
5	Sequentisity list conditione, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate								
CERTIFICATION	CALICE (Diagnes of Johnson Co. 1997)								
E	DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in death) LAST								
띩		d							
	PART ii. Other significent condit	tione contributing to deeth	but not resulting in	the underlyin	g ceuse given in	Part i. 24a, WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
00						1 _ YES :		COMPLETION OF CAUSE OF DEATH?	
AEC							,	1 WES 2 NO	
-									
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)			
SIC	1 TES 2 NO	HOSPITAL: 1 関 Inpellent 2 □ ER/Ou		OTHER:	e 5 🗆 Residence	6 Other (Specify)			
F	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)			URY AT	26d. DEŞCRIBE HOW	INJURY OCCURE	ED .	
ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1 🗍	YES 2 NO				
	- T - 111	3 Suicide 6 Could not be 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28b. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							
ET									
COMPLETED	(Check only	HYSICIAN: To the best of my kno MINER: On the besis of exeminat						use(a) and menner as stated.	
	29b. SIGNATURE AND TITLE OF GERT	FIER •——			29c. LICENSE NUI	MBER	29d, DATE SI	GNED (Month, Day, Year)	
BE	Jacob Alla	~ ~ ~ ~	as Wil				D 3	-8-010	
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF E	DEATH (ITEM 27) (Type, P	rint)	· Ho	. I where	1		
	2012 1 2	Al as programme and	6000	*CCM	- , , , ,	1.			
	MAR 1 2 1990	Julia Davidson	Markach	Mode, do					

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Schours after death. Page 5 smooth to the interest of the law requires that the expense that the law returns the sensitive of the attending physician and completely filled in by the fundral energy after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. RE, MARYLAND 21203-3146

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OIME OF	CE		ICATE				III II II	REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATN			3. TIME OF DEAT	N
	MARGARET	C		C	TROM	(FD			MONTI	ch 9	19	YEAR	6:00	Ам
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		IF UNDER		IF UNDER	24 HDS		OF BIRTH	19		IPLACE (State or Fo	
	017 06 0407	1 🗆 M 2 🗔 🗲		YRS.	MONTHS	DAYS	HOURS	MIN.	(Monti	h, Day, Year)	. ~	Counti	7)	- Sign
	217-26-0427 9e. FACILITY NAME (If not institution, give	AA	84	11101						9-190	7		cyland	
00	90. PACILITY NAME (IT not institution, give a	street and number)			9b. CITY,	TOWN O	R LOCATIO	ON OF DE	EATN		9c. COU	NTY OF D	EATH	
0	6915-D Donachi	e Road			G1e	nmo	nt				Ba	1tin	nore Co	
	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN O	B LOCATI	ION						10d. INSIDE CITY	
E													LIMITS?	
	Maryland Balt 100, STREET AND NUMBER	imore C	0.	G1	enmo		ZIP CODE				1		1 TYES TY	NO
HA														
FUNERAL DIRECTOR	6915-D Donachi	7					123					S.A.		
교	1 Never Married 2 Married	FORCES?	T EVER IN U.S. ARI	MED O	1 11	yes, spe	cify Cube			I? (Specify Yes Rican, etc.)	or No-	14. RACI Black	E — American India k, White, etc.	MI,
B	3 Wildowed 4 Divorced	IF YES, GIVE	MAR OR DATES		1	_ YES	2X XNO	Specify	<i>/</i> :			Spec		
	15. DECEDENT'S EDU	ICATION	44- DE	DEDENTIO	USUAL OC	O I I I I I	41		400	KIND OF BUS		Whi	Lte	
1	(Specify only highest grade	e completed)	(Gi	ve kind of	work done d			g	198	KIND OF BU	SINE 35/ING	JUSTRY		
2	Elementary/Secondary (0-12)	College (1-4 or 5	+)						7.1	ome				
COMPLETED	12 Years -		ног	isew	ire						_			
			_						,	Middle, Malden			~	
BE	Daniel	<u>M.</u>	Douc					ssie	_		V.		Conro	У
2	190. INFORMANT'S NAME (Type/Print)									ber, City or Tow			21239	
	Joseph E. Stro	mer							ad B				aryland	
	20e. METHOD OF DISPOSITION 1)(1)(5)(5)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)	novel from State	20b. PLACE (other pla	OF DISPO	SITION (Nar	me of cem	etery, crem	natory or			CATION —			
	4 Donation 5 Other (Specify)		Morel	and						Ba 1	Ltim	ore	,Maryla	nd
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	///	_	W i	NAME AN	D ADDRES	SS OF FA	gury Tohn	son . F	D. A.	Fune	eral Ho	me
	Millio-	2	LACK										,MD212	
	23. PART i. Enter the diseases, or	complications the	at caused the de	eth. Do	not enter	tha mod	da of dyi	ng, auci	h aa card	disc or reep	iratory ar	reat,	Approxima	ats
	ahock, or heart failure. IMMEDIATE CAUSE (Finel					,							Onset and	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) S. COTO GOL W for CF INT DUE TO (OR AS A CONSEQUENCE ON):													
	resulting in death)	DUE TO	O (OR AS A CONSEC	UENCE O	6 :		-							
-														
<u>o</u>	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEC	DUENCE C	F):								+	
AT	cause. Enter UNDERLYING	_												
FI	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSEC	UENCE O	F):									
CERTIFICATION	resulting in death) LAST	4												
S		0												
AL	PART II. Other algnificant condition	ns contributing to	deeth but not n	esuiting	in the un	derlying	cause	given in	Part i.	24a. WAS AN PERFOI		248	WERE AUTOPSY FI	
DICAL										1 TYES 2	. /		COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF CO	
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PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF 0	EATH (Ch	eck only or	70)				
Sic	1 TYES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER		5 XR	sidence	8 🗆 Othe	r (Specify)				
Ŧ	27. MANNER OF DEATH	28e. OATE O	F INJURY Day, Year)	28b. Til	E OF	28c. INJI	TA YRU		-	SCRIBE HOW	NJURY OC	CURED		
	1 Natural 5 Pending	(MOIRII,	Day, rear)	IN	JURY	1 🗌 Y	RK? (ES 2	NO						
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE	OF INJURY — At ho	me, farm,	street, facto	ory, office	,			ATION (Street		or Rural	Route Number,	
COMPLETED	4 Homicide determined	building	, etc. (Specify)						City	or Town, Stete)				
E	29e. CERTIFIER	NOIAN. To the house					Year S	22.00						
MP	(Check only one) 2 MEDICAL EXAMIN													
0	2 MEDICAL EXAMIN		examination end/or i	investigeti	on, in my o	pinion, ai	esth occur	red at the	time, dete	and place, ar	ed due to t	ne cause(e) end manner as a	itsted.
2			1				29c. LICE	ENSE NUI	MBER		29d. DA	TE SIGNED	(Month, Day, Year)	
ш	296. SIGNATURE AND TITLE OF CERTIFIE	/	4 -								1		/ O A	
BE	Fran /	Jamos	13				DO	113	13)	▶3	19	190	
ш	tac 11	Jamos	JSE OF OEATH (ITE	M 27) (Type	s, Print)		DO	113	/3)	▶3	9	190	
BE	Fran /	HO COMPLETED CAL	AR'S SIGNATURE		s, Print)		DO	113	/3		▶3	19,	190	

to

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by #	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 mound be a feet at the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the com	the med within 12 hours are used with the state capt, or read the most an injury, or other traumatic event, the medical examiner must be notified at	
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Margarita A. Korell
31. DATE FILED (Month, Day, Year)
MAR 07 1990

								9	U	062	23
	FOR STATE REGISTRAR	STATE OF MARYLAND / I	DEPARTMEN RTIFICAT				GIENE				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	EATH DAY	y ye.		TIME OF DEAT	'H
	Almeta		Stokes			2	2	3 9		:58	A M
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. last		R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BII (Mogth, Day,	RTH Mari		BIRTHPLA Country)	CE (State or Fo	reign
	219-38-3277	1 M 2 PF 48	YRS. MONTHS	DAYS	HOURS MIN.	4-19	7-1	941		a	
	9a. FACILITY NAME (If not institution, give street	t and number)	9b. CIT	Y, TOWN O	R LOCATION OF DE	АТН		9c. COUNTY	OF DEATH	d	
OR	Harbor Hospital	Center									
DIRECTOR	RESIDENCE OF DECEDENT 10sr. STATE 10s. COUNTY		40. 0000 00000		Balti	IIIO E C	1		Lan		
2	Ton: STATE TOD. COUNTY		10c. CITY, TOWN	OR LOCAL	ION					I. INSIDE CITY LIMITS?	
	10a. STREET AND NUMBER		1214/1	10g, CITIZEN		YES 2	NO				
FUNERAL	1/11/	mit <t< td=""><td>,</td><td>101.</td><td>ZIP CODE</td><td>3</td><td></td><td>log. CITIZEN</td><td>OF WHAT</td><td>COUNTY?</td><td></td></t<>	,	101.	ZIP CODE	3		log. CITIZEN	OF WHAT	COUNTY?	
NE	260/1187	10N1 01	I		0100	0			<u>، ي.</u>	, , , ,	
F	11. MARITAL STATUS 1 Never Merried 2 Married	2. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 TYES 2 AND		If yes, spe	ENDENT OF HISPAN Helfy Cuban, Maxical	n, Puerto Rican,			Black, WI	American India hita, etc.	m,
ВҰ	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TYES	2 NO Specify	r:			Specify:	no F.	
	15. DECEDENT'S EDUCAT		EDENT'S USUAL (16b. KIND	OF BUS	INESS/INDUST	RY		
E	(Specify only highest grade cor Elementary/Secondary (0-12)		re kind of work done Do NOT use retired.	during mos	st of working						
립		-	tome,	MA	Ken						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle,	Mgiden S	Surname)			
BEC	Jimmy MA	Meus			MATI	110	44	ber			
	19a. INFORMANT'S NAME (Type/Print)	/ // 19b.	MAILINO ADDRES	Street a	nd Number or Rural I	Poute Number, Ch	or Town	, State, Zip Cod	(0)		
2	Miss CUNThIA	-Woodland 2	6071	er	201TST	, BA	16	, 77	Id,	217	30
	20g. METHOD OF OISPOSITION	206. PLACE O	OF DISPOSITION (A	iame of ten	netery, crematory or		20c. L09	CATION City	or Town	State	1
1 Burisi 2 Cremation 3 Removal from State Office place (1) Ton Cem. 13A/10, ma											
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	22	NAME AN	D ADDRESS/OF FA	CLLY SS	FL	Ner	MI	Hon	20
	* seph ~	1. Kuss		221	2 411	Int	5 A	10 1	Sa.	1 to Sm	19,7
	23. PART I. Enter the diseases, or con	nplications that caused the der	ath. Do not ante	r tha mo	da of dying, auc	h aa cerdiac d	or reapli	ratory arreat,		Approxim	ate
	ahock, or heart feilure. Lis	at only one ceuse on each line.			W and District		A 101.00	N. S. S. S.		interval B	
	IMMEDIATE CAUSE (Finel disease or condition	Arteriosclero	tic card	lious	coular d	icosco					
	resulting in deeth) a	DUE TO (OR AS A CONSEO		LLOVA	scurar u	Tacdac				 	
2											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEO	UENCE OF):								
3	cause. Enter UNDERLYING CAUSE (Disease or Injury										
=	that initiated events	DUE TO (OR AS A CONSEO	UENCE OF):								
EH	resulting in death) LAST									-	
_	PART ii. Other aignificent conditions of	contributing to deeth but not re	euiting in the u	ınderiyind	ceuse given in	Part i. 24a.	WAS AN	AUTOPSY	24b. WE	RE AUTOPSY F	INDINGS
8	Morbid obes	sity					PERFOR			MPLETION OF	
8						_ ' _	YES 2	XXVIO		DEATH?	
Σ	, -					$-\mid$ II	ISPE	CTION	1 [YES 2	NO
AN	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (Ch						
PHYSICIAN: MEDICAL	EXAMINER?	OSPITAL: ☐ Inpatient 2 ☑ ER/Outpatient 3	OTHE	R:			- 64 - 6				
¥	27. MANNER OF DEATH	26a. DATE OF INJURY	26b. TIME OF	26c, INJ	B 5 Realdence			JURY OCCUR	ED		
	1 🔀 Natural 5 🗌 Pending	(Month, Day, Year)	INJURY	wo	RK? res 2 No						
BY	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF INJURY — At hor	me, farm, street, fa	ctory, office	•			nd Number or F	Rural Route	n Number,	
TEC	4 Homicide determined	building, etc. (Specify)				City or Tow	vn, State)				
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the bast of my knowledge, dea	eth occurred at the	time, date	end place, and due	to the cause(s)	and man	ner sa stated			
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	296) SEGNATURE AND TITLE OF CERTIFIER	0.			29c. LICENSE NUI					onth, Day, Year)	
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OCME 2/24/90											

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Balto.MD.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be re	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5	
fter d	the	oval.
IFS 3	in by	rem
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9	224-60-9321 9a. FACILITY NAME (If not institution, give str	5. SEX			SMI	TH			MONTH 3-	4-90	Y	YEAR	TIME OF OEATH
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	Physicians Memor	•	ital		La E			ON OF DE	ATN			les C	County
E I	10e. STATE 10b. COUNTY	GEORGE.	COUNTY	10c. CITY, TOWN OR LOCATION COUNTY KING GEORGE						1			INSIDE CITY LIMITS? YES 2 NO
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BYFUN	11. MARITAL STATUS 1 Never Married 2 Married 3X Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1	AS DECEDENT EVER IN U.S. ARMED PROCES? 1 YES 2 NO YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? If yes, specify Cuben, Mexicen, Puerto R 1 YES 2 NO Specify:							14. RACE -	American Indian, white, etc.		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 8th.		(Gh					ng		KIND OF BUS			
6 111	17. FATHER'S NAME (First, Middle, Last) PETER LEWIS							HER'S NA		iddle, Malden	Sumame) PRYOF		
5101	19a. INFORMANT'S NAME (Type/Print) MRS. GENE SMITH	FARRAR					nd Number	or Rural F	Poute Numbe	er, City or Town	n, State, Zip	Code)	20716
and a second	20a. METNOD OF DISPOSITION ↑ Burlel 2 □ Cremation 3 □ Ramo 4 □ Donation 5 □ Other (Specify)	val from State	20b. PLACE Cother ple	OF DISPOS	ITION (Name	e of cem	netery, crem	netory or		20c. LO	G GEC	ity or Town	, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	c.T.c	105	22, N/	AME AN	D ADORE	SS OF FA	K.		ORGE,	VIRG	INIA 22485
2	23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):											Approximate intervel Between Onset and Death	
ICATI	Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		(OR AS A CONSEC										
5 E.	resulting in death) LAST	l											-
MEDICA	PART II. Other significant conditions	a contributing to	death but not re	esuiting I	in the und	erlying	g ceuse	given in	Part i.	24a. WAS AN PERFOR	MED?	C	ERE AUTOPSY FINDINGS WALLBELE PRIOR TO OMPLETION OF CAUSE OF DEATH? CAUSE OF DEATH?
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mar B√	1 Natural 5 Pending Investigation	3-5-9(OF INJURY — At ho	<u> </u>	33PM	1 🗆 1		Жио		rer in			ed object
	3 Suicide 8 Could not be 4 Homicide detarmined	building,	atc. (Specify)	Ro	oad				US E	Rt. 30	1, Be	el Al	ton,Charles
D BE COMPLE	29m. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSIC PHYSI												ind menner as stated,
	296. SIGNATURE AND TITLE OF CERTIFIER	Yella	A	pol				ME	MBER			8-5-9	Aonth, Day, Year)
	MARIO F.GOLLE, JE	R.,MD	V			n S	tree	t,Ba	ltimo	ore,MD	2120)1	VC
	31. DATE FILEO (Month, Day, Year) MAR 1 2 1990 4	32. REGISTRA	AR'S SIGNATURE	4									OHMN-16 Rev 1/89

Same By Charles

transit permit. Pages 1, 2, 3 should

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR	CEF	RTIFICA	TE OF	DEATH	RE	G. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest) AUL AEWARI					2. DATE OF DI MONTH	EATH DAY	90 YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 1 1 1 M 2 1 F	6. AGE (In yrs. last bl	YRS. MON	87	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day, 9/2/2	RTH Year) 7	8. BIRTH Count	Maryland			
TOR	9e. FACILITY NAME (If not institution, give street and number) L'DEL W ED: CAL RESIDENCE OF DECEMENT	ctr.	9b.	Balt:	LOCATION OF OE	ATH	9c. CO	UNTY OF C	EATH			
DIRECTOR	10e. STATE 10b. COUNTY		A .	Li MOR					10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	10e. STREET AND NUMBER 2721 Baker St		101. ZIP CODE 21216				10g. CI	USA	WHAT COUNTRY?			
B	1 Never Married 2 Married FORCES? 1	T EVER IN U.S. ARME U YES 2 100 UAR OR DATES	D	if yea, spe	NOENT OF HISPAN cify Cuban, Mexica 2 NO Specify	n, Puerto Rican,		Spec	E — American Indien, k, White, etc. ny: lack			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 or 5	(Give	DENT'S USU kind of work of NOT use reti	AL OCCUPATIO done during mos red.)	N t of working	16b. KIND	OF BUSINESS/II					
COM	17. FATHER'S NAME (First, Middle, Last) James Wills				18. MOTHER'S NA		Meiden Sumeme)					
TO BE	190. INFORMANT'S NAME (Type/Print) Bernadette Harrison				od Number or Rural F	Route Number, Cl						
	20s. METHOD OB DISPOSITION 1	20b. PLACE OF other place	DISPOSITIO	N (Name of cem	etery, crematory or		20c. LOCATION -					
	Donation 5 Other (Specify) Metro Crematory Inc. Catonsville, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Estep Brothers Funeral Home P.A. 1300 Eutaw Pl. Balto. Md. 21217											
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
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PHYSICIAN: ME	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 1 populart 2	ER/Outpatlant 3		HER:	ACE OF DEATH (Ch							
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending (Month, L) 2 Accident Investigation	INJURY :	28b. TIME OF	28c. INJ	JRY AT RK?		E HOW INJURY O	OCCUREO				
	3 Suicide 28s. PLACE (F INJURY — At home etc. (Specify)	, ferm, átree	t, factory, office		281. LOCATION City or Tox	N (Street and Numb vn, State)	ber or Rural	Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of control one) 2 MEDICAL EXAMINER: On the basic of control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control one of the control								e) end manner ee stated.			
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	31. DATE MAR 1 2 1990 galace	A S SIGN MARK										

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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Mick" (ast)

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TENDING PHYSICIAN: The law requires that the death certificate be executed within 3 and a size at	TOR: After this certificate has been signed by the attending physician and completely filled in by	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem	
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1	E	Test	4

John

R.

Burton

	1. DECEDENT'S NAME (First, Mick" Last) Anna E. Safar 2. Date of Death Month Day Year 3. Time of Death Month 3 5 90 4 90 1													
									-		90		400	
į	4. SOCIAL SECURITY NUMBER 220-14-4833	5. SEX	6. AGE (in yi	rs. last birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	(Monti	of BIRTH b, Day, Year) -28-1	- 4	Country)	ACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give Mason Lord N	street and number)					OR LOCAT	ON OF DE		T	Pc. COUNTY		υΉ	
5	RESIDENCE OF DECEDENT										1			
	10a. STATE 10b. COUN	TY			alt.	imor	re						INSIDE CITY LIMITS? YES 2 NO	
	134 N. Kenwood	d Ave					r. zip cot				10g. CITIZEI	OF WH	IAT COUNTRY?	
BT FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	YES 2	NO		WAS DEC	CENDENT pecify Qub	OF HISPAI	in, Puerto	I? (Specify Yea Rican, atc.)	or No.— 14	Black,	- American Indian, White, etc. White	
1	15. DECEDENT'S ED (Specify only highest gra-	DUCATION de completed)	16	(Give kind of	INT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY of of work done during most of working						TRY			
	high school	College (1-4 or 5	+)	house					0	wn ho	me			
	17. FATHER'S NAME (First, Middle, Last) Frederick Wil	ıkler					18. MO		'S NAME (First, Middle, Maiden Surname) Eva Unknown					
10 00	19a. INFORMANT'S NAME (Type/Print) Arthur H. Rol	pertson									n, State, Zip Co		120	
20g_METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometers, crematory or 20c. LOCATION — City or Town, State														
1	1 Buriel 2 Cremation 3 Re 4 Donation 5 Dother (Specify)	moval from State	200. PL	per place)	Rede	An a	metery, cre	mstory or			ltimo			
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) But TO (OR AS A CONSCOURAGE OR)												Approximate Interval Betwee Onset and Deat	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DISTRIBUTE: 2 alghumus 2 alghumus DUE TO (OR AS A CONSEQUENCE OF):													
	PART II. Other significant conditi	ona contributing to	death but	not resulting	in the u	ndariyin	ng cauaa	given in	Part i.	24a. WAS AN PERFOI 1 YES 2	RMED?		WERE AUTOPSY FINDING: MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED/TO MEDICAL	1				/20 D	ACE OF	DEATH (C)	heck only o			<u> </u>		
2	EXAMINER?	HOSPITAL:	□ 500 0		9TH€	R:								
	1 TYES 2 THO 27. MANNER OF DEATH	1 Inpetient 2		25b, TI	-	r	JURY AT	Residence	5 Oth		INJURY OCCU	DEU.		
10	1 Netural 5 Pending 2 Accident Investigation	(Month,	Day, Year)		M	W	ORK? YES 2	□ NO	200. 52	OTHER HOW				
2	3 Suicide 6 Could not b	28e. PLACE building	OF INJURY — I, etc. (Specify)	At home, farm	, atreet, fac	ctory, offi	ca			CATION (Street or Town, State,	and Number or)	Rural Ro	ute Number,	
4 Homicide detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as start one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as start one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as start one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as start one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as start one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as start one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as attarting the contract of the cause (a) and manner as attarting the contract of the cause (a) and manner as attarting the cause (a) and manner as attarting the cause (a) and manner as attarting the cause (a) and manner as attarting the cause (a) and manner as attarting the cause (a) and manner as attarting the cause (a) and manner as attarting the cause (a) and manner as attarting the cause (a) and manner as attarting the cause (a) and manner as attarting the cause (a) and manner as attarting the cause (a) and manner as attarting the cause (a) and manner as attarting the cause (a) and manner as attarting the cause (a) and manner as attarting the cause (a) and manner as attarting the cause (a) and manner as attarting the cause (a) and manner as attarting the cause (a) and manner as														
	1 200 LICENSE NUMBER AND TITLE OF CERTIFIER //													
D DE	John R Ku	em_	V	nD				0/0			1 3/	6/9	50	
임	30 MAME AND ADDRESS OF PERSON	WHO COMPLETED CAL	JSE OF DEATH	1 (ITEM 27) (Typ	oe, Print)						-	E		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

STATE	0F	MARYLAND	I	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENI
		C	E	RTIFICATE	O	F DEAT	TH		REG	NO

•	FOR STATE REGISTRAR	STATE OF MAI			ENT OF H			YGIENE EG. NO.				
			ary	SI	KIDMOR	E	2. DATE OF D MONTH 3-1-9	DAY	YEAR	3. TIME OF DEATH 2:13PM M		
	4. SOCIAL SECURITY NUMBER 214-64-1371	1 🗆 M 2 🔀 F	AGE (In yrs. lest bi	YRS. MONT		IF UNDER 24 HRS. HOURS MIN.		1-54	Pe	rhPLACE (State or Foreign ntry) nnsylvania		
TOR	80. FACILITY NAME (If not institution, give BON SECOUR HOS) RESIDENCE OF DECEDENT			96.		imore Ci		9c. C	9c. COUNTY OF DEATH			
DIRECTOR	100. STATE 100. COUNTY	тү			m on Locat				10d. INSIDE CITY LIMITS? 1 X YES 2 ND			
FUNERAL	100. STREET AND NUMBER 1834 W. Lomba	rd Street			_	ZIP COD€ 21223		10g. (USA	WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 1 Married 3 Vidowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	ED .	13. WAS DEC If yes, spi 1 YES	ecify Yes or No-	or No— 14. RACE — American Indian, Black, White, etc. Specify: White					
COMPLETED	15. DECEDENT'S ET (Specify only highest gra Elementary/Secondary (0-12) 10th	DUCATION de completed) College (1-4 or 5+)	(Give	DENT'S USUA kind of work of NOT use reti	L OCCUPATION TO Sed.)	N st of working		Home				
BE COM	17. FATHER'S NAME (First, Middle, Lest) Ralph Ellwood	Debarth					Marie	Clar	k			
10	Rose Marie Ke	ene	6	6604	Bowma		Dr.,	Balto	., M	D 21207		
20a. METHOD OF DISPOSITION 1 Burtlal 2 OF Cramation 3 Removal from State 4 Donartion 5 Other (Specify) 21. SIGNATURE OF DISPOSITION (Name of commetary, cremetory or Other place) Tro Crematory, Inc. Baltimore, MD												
	22. NAME AND ADDRESS OF FACILITY Cremation Society of Maryland Baltimore, Maryland 21228											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):											
TION	Sequentially list conditions, if any, leading to immediate	b	AS A CONSEQU	ENCE OF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C. DUE TO (OF	AS A CONSEQU	ENCE OF):								
MEDICAL	PART II. Other significant conditi	ona contributing to de	ath but not res	sulting in th	e underlyln	g cause given in		. WAS AN AUTOP PERFORMED? YES 2 NO		4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 \(\text{NO} \) NO	HOSPITAL: 1 Inpution 2 E	R/Outnotient 3.	DOA A	HER:	ACE OF DEATH (Ch		ec/fv)				
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN. (Month, Day,	JURY	286. TIME OF INJURY	28c. INJ WO			BE HOW INJURY	OCCURED			
	3 Suicide 6 Could not be determined	building, etc		e, farm, street	t, factory, offic	•		N (Street end Nui wn, State)	mber or Run	al Route Number,		
COMPLET	One) XX DEMEDICAL EXAM	1// / //								e(e) end manner as stated.		
TO BE	30. MAME AND ADDRESS OF PERSON	MHO COMPLETED CAUSE	0	00 /Sec. 2 *	4)	OCME	MBER	29d.		2-90		
	/ Jølia C. GOODI	IN,MD				Street,Ba	altimor	re,MD 2	1201	VC		
	MAR 1 2 1990	July Davidson	A THE SECOND									

BANTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after one was the best retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the last the last the 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	CB.	i
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	redu	need .	sho	l
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	H	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the in- be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or remonal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	2	2 %	E	

	FOR 1 - STATE REGISTRAR	STATE OF MARY			OF DEAT		ENTAL HYGIEN REG. NO.	E	
0	1. DECEDENT'S NAME (First, Middle, L	est)	02.11111	10/112	01 0271	*	. DATE OF DEATH		3. TIME OF DEATN
	Will	iam Robert	Simms			I	March 2		5:30 a m
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER	24 HRS. 7	. DATE OF BIRTH (Month, Day, Year)	8.1	BIRTNPLACE (State or Foreign Country)
	218-36-6372	1 🔀 M 2 🗆 F	49 YRS.	WONTHS: L	AYS HOURS	(09/06/40		Maryland
_	9a. FACILITY NAME (If not institution, g				OWN OR LOCATIO		N	9c. COUNTY	OF DEATH
P. I	4801 Crowson		212	Bal	timor	9			
DIRECTOR	10a. STATE 10b. CO		10c. CIT	Y, TOWN OR	LOCATION				10d. INSIDE CITY LIMITS?
듬	Maryland				Bal	timor	ce		1 X YES 2 NO
¥	10e. STREET AND NUMBER				101. ZIP COOL			10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	4801 Crowson						212	<u> </u>	USA
훈	11, MARITAL BTATUS 1 X Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 X NO	lf y	es, specify Cuba	n, Maxican,	ORIGIN? (Specify Yas Puerto Rican, etc.)	n or No- 14.	RACE — American Indian, Black, White, etc.
À	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 [YES 2 X NO	Specify:			Black
	15. DECEDENT'B (Specify only highest		16a. DECEDENT'S	USUAL OCC	UPATION		16b. KIND OF BU	SINESS/INOUS1	TRY
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)			ing most of working	v			
COMPLET	12	2	Scho	ol Te	acher			ation	1
8	17. FATHER'S NAME (First, Middle, Las	•			-		(First, Middle, Maiden		.1.
H	Isaac 01 19a, INFORMANT'S NAME (Type/Print)	iver Simms	10h MARIA	ADDRESS /			Goldst		
2	NOTE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY	mms							MD 21209
	20e. METHOD OF DISPOSITION 1 Burial 2 K Cremation 3		Db. PLACE OF DISPO					CATION — City	
	4 Donation 5 Other (Specify)		Metro	Cren	natory	, Ind	e. Ba	altimo	re, MD
	21. SIGNATURE OF FUNERAL SERVICE	E LIGENSEE MELA	11	22. NA	ME AND ADDRE	SS OF FACIL	ciety of	- Ma	Tnc
	George E.	MacNabb		299	Frede	ericl	Rd. F	Balto.	. MD 21228
	23. PART I. Enter the diseases,								
	IMMEDIATE CAUSE (Finel	•			0	ì (.1.	0	Court and Direct
	disease or condition resulting in daeth)	loropl	asmos	15 0	cen	tral	NENYOUS	3 2yst	en
		a. Toxopl A OUE TO (OR AS Acque	A CONSEQUENCE O	Tomas	41000	La Gir	i insc.	Sum	trome
NO	Sequentially list conditions,		A CONSEQUENCE O		VULT 100	4/10	whap	7,0	
¥	If any, laeding to immediata ceuse. Entar UNDERLYING	114		,					
트	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):					·
CERTIFICATION	resulting in death) LAST	d							
	PART II. Other significant cond	litions contributing to death	but not resulting	In the und	erlying cause	given in P	ert I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
ICAL							PERFO	. /	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
N N									1 TES 2 NO
ä									
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF C	EATH (Chec	k only one)		
IXS	1 TYES 2 W NO	1 Inputiont 2 ER/O			8c. INJURY AT	_	Other (Specify) 28d. DESCRIBE NOW	IN ILION OCCUP	DED.
	1 Natural 5 Pending	(Month, Day, Year		JURY M	WORK?	- 1	teu. DESCRIBE NOW	INJUNI OCCUP	
ВУ	2 Accident Investigs 3 Suicide 6 Could no	28e. PLACE OF INJU		street, factor	y, office		261. LOCATION (Street		Rural Route Number,
COMPLETED	4 Nomicide determin		овсту)				City or Town, State	"	
님	29a. CERTIFIER (Check only 1 CERTIFYING	PHYSICIAN: To the best of my kno	owledge, death occu	rred at the tim	e, date and place	, and due to	the cause(a) and ma	nner as stated.	
OM		AMINER: On the basis of examine	tion and/or investigat	lon, In my opi	nion, death occu	red at the ti	me, data and place, a	nd due to the c	ause(a) and menner as stated.
BE C	29b. SIGNATURE AND TITLE OF CER	/1 / 1 / 1	(- 1	,		ENSE NUME	BER CO	29d. DATE S	IGNED (Month, Day, Year)
TO B	Calla		and			21	U8'/	3	12140
-	30. NAME AND ADDRESS OF PERSO				anev V	alla	v Road	TOWE	on, MD 21204
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI		JUL	arrey v	~	y moad,	TONS	OII, MD 22204
	MAR 1 2 1990	Sucher Davidson 18							

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ours after death. Page 6 may be retained by the hosp	I in by the funeral director, page 5 should be detache or removal.	medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to buriat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The	TO THE FUNERAL DIRECTOR: After this certificate habe filed within 72 hours after death with the State D	IMPORTANT: If Item 28 is marked, or Item 2	

	FOR STATE REGISTRAR	TE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) TAMES	. SELL	ERS			2. OATE OF DEATH	SY 9 YE	3. TIME OF DEATH 2.35Pm
	4. SOCIAL SECURITY NUMBER 5. SET 2 1 5 - 0 1 - 0263	6. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	06	SHRTHPLACE (State or Foreign Country) S A
OR	9a. FACILITY NAME (If not institution, give street and SINAL HOSPITAL	number) . OF B	ALTIMORE		TIM C		BC. COUNTY	OF DEATH ALTIMORE
DIRECTOR	10a. STATE 10b. COUNTY Maryland Balt	imore City	200	own or Locat	561			10d. INSIDE CITY LIMITS? 1 [X] YES 2 \(\text{NO} \)
FUNERAL	1319 W. 41st Si			101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 12. W	AS DECEDENT EVER IN 1 PRCES? 1 YES YES, GIVE WAR OR DAT		13. WAS OEC	ENGENT OF HISPAN	IC ORIGIN? (Specify Ya n, Puerto Rican, etc.) :	s or No- 14.	RACE — American Indian, Black, White, atc. Specify: White
COMPLEIED	** 1		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo	DN at of working	16b. KIND OF BU		RY
ž	Unknown 17. FATHER'S NAME (First, Middle, Last)		Driver		18 MOTHER'S NAI	Truck		
	Howard L. Selle	ers			Rebe			
B E	19a. INFORMANT'S NAME (Type/Print)	213	19b. MAILING AD	DRESS (Street a		loute Number, City or Tox		io)
2	Ruth L. Holloway		4319 Ne	wport	Avenue.	Baltimore,	Md 2:	1211
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Removal fro 4 Donation 5 Other (Specify)	m State	PLACE OF DISPOSITION Office Place) Wesley Ce	ON (Name of cer	netery, crematory or	20c. L0	OCATION — City	or Town, Stata ounty, Md.
	21. SIGHATURE OF TUNERAL SERVICE LICENSEE	e Den	N	1		Burgee ad, Balti		Funeral Home Id 21211
	23. PART I. Enter the diseases, or complishock, or heart fellure. List or IMMEDIATE CAUSE (Final	nly one ceuse on each	ch line.		1/2		iratory arrest,	Approximate Interval Between Onset and Death
	disease or condition resulting in deeth)	DUE TO (OR AS A		ATOP	CY AI	REST		
ALION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING		CONSEQUENCE OF):					
RTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (DR AS A	CONSEQUENCE OF):					
8								
MEDICAL	PART II. Other significant conditions conf	ributing to death bu	t not resulting in t	the underlyin	g cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOS	SPITAL:	10	26. P	LACE OF DEATH (Ch	eck only one)		
<u>s</u>		npetient 2 ER/Outpa	tient 3 DOA 4	☐ Nursing Hon	ne 5 🗆 Residence			50
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME C	M 1 🗆	IURY AT ORK? YES 2 ND	28d. DEŞCRIBE HOW		
ETED	4 Homicide detarmined	28e. PLACE OF INJURY - building, etc. (Speci	(v)			28f. LOCATION (Stree City or Town, State	9)	Hurai Houte Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On to	the basis of examination	and/or investigation,	in my opinion,	leath occured at the	time, date and place, a	and due to the co	
O BE	29b. SIGNATURE AND TITLE OF CERTIFIER		E OF		29c. LICENSE NUI		> -	IGNEO (Month, Day, Year) 3.8.90
		ISSIN,	m.D.C	1101130	sa)	SINAI OF 1		IM ORE
	31. DATE FILED (Month, Day, Year) 3 MAR 1.27990	PER PROPERTY STONE	-Rondo					

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MARYLAND 21203-3146

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DIVISION OF VITAL RECORDS, P.O. BOA	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by secured within 24 nours after than P	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and companied filled in by the lument	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior with the margion, or removal	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other trauming must, the medical enamine	

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	1. DECEDENT'S NAME (First, Middle, Last)		4					2. DATE OF DEATH		3.	TIME OF DEATH							
	DONALD J. TZINSKI March 10, 1990 9:								20 0									
1 1	DONALD	-U			SKI			March 1), 15	190 9	:20 PM							
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. In	st birthday)	IF UNDER 1 Y	EAR IF L	NOER 24 HRS.	7. DATE OF BIRTH		6. BIRTHPL	NCE (State or Foreign							
1 1	010 00 0040	1 ☑ M 2 ☐ F	F 6	YRS.	MONTHS D	AYS HOL	IRS MIN.	(Month, Day, Year)		Country)								
1 1	212-30-3040	Z1Z=30=3040 X 30			5-23-193			33	Mary	Land								
1 1	9a. FACILITY NAME (If not institution, give street and number)				9b. CITY, TO	WN OR LO	CATION OF D	EATH	9c. COU	NTY OF DEAT	Н							
l cc	TT	21 - 2																
0	University Hospital				Baltimore													
DIRECTOR	RESIDENCE OF DECEDENT			T														
	10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR I	OCATION				10	d. INSIDE CITY LIMITS?							
5	Maryland			Ba.	1 + i mo	ro				11	YES 2 NO							
	10e. STREET AND NUMBER			T Da.	1 timore 1 10g. CITIZEN OF WHA				()									
I≅I	IOE. STREET AND NOMBER						Till St		-		COUNTATY							
FUNERAL	611 Wyanoke Ave					212	18		U.S	5.A.								
=	11. MARITAL STATUS		EVER IN U.S. AI	RMED	13. WA			NIC ORIGIN? (Specify Y	s or No-	14. RACE —	American Indian,							
ᇤ	1 Never Married 2 X Married	12. WAS DECEDENT FORCES?	YES 2	NO	If y	s, specify	Cuban, Maxico	n, Puerto Ricen, etc.)		Black, W	hite, etc.							
Β¥	3 Widowed 4 Divorced	IF YES, GIVE WAI			1 [YES 2 X	NO Specif	ly:		Specify:								
	5 Wildings 4 Divoles	Korean	Confl	lict	- 1					Whit	е							
	15. DECEDENT'S EDU	CATION	16a. D	ECEDENT'S	USUAL OCCU	PATION		16b. KIND OF B	JSINESS/INI	DUSTRY								
	(Specify only highest grade		- (C	Bive kind of a b. Do NOT us	work done duri	ng most of t	working											
"	Elamentary/Secondary (0-12)	College (1-4 or 5+)	-	,	744			2										
육	12 Years 2	Years	Des	sign	Engi	neer		Defen	re									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18.	MOTHER'S NA	ME (First, Middle, Maide	n Sumame)									
	Walter C. Tzins	12-4					onhi-	C. Ska	incl	- 1								
띪)KI					_											
	19a. INFORMANT'S NAME (Type/Print)		- 11	b. MAILING	ADDRESS (S	treet and No	imber or Rural	Route Number, City or To	wn, State, Zij	o Code)								
5	Linda D. Tzinsk	i	16	511 V	V vano	ke A	ve. I	Baltimore	e, Mo	1. 21	218							
1			1		SITION (Name					City or Town,								
	200 ZMETHOD OF DISPOSITION 1 1/2 Buriel 2 Cremetion 3 Rem	oval from State	other p	(lece)														
	4 Donation 6 Other (Specify)		St.	Star							Maryland							
	21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1	1/4	22. NA	ME AND A	DRESS OF FA	CILITY	D 7	П	ral Home							
		5/0	///															
L. I	Collec	-C-F	1	-	85	21 I	och I	Raven Bly	rd.To	owson	,Md.21204							
4	23. PART i. Enter the diseases, or	complications that	caused the d	eath. Do	not enter th	e mode o	f dving, suc	ch as cardiec or res	piratory ar	rest.	Approximate							
1	shock, or heert feliure.								1	,	interval Between							
	IMMEDIATE CAUSE (Fine)	- 1									Onset and Death							
	disesee or condition	1011	- Hh	2/2) inn	h	Shood	Λ.σ.										
	resulting in deeth)	e. DUE TO (D AC A CONCE	COLLENCE O	IN VIC	U	16601	109										
4		10	A A CONSE)	. 1 . (00			,			e. Lett thalamic bleeding Due TO (OR AS A CONSEQUENCE OF):							
			VARP.	rra	V21011													
z		b																
NOI	Sequentielly list conditions,		R AS A CONSE	OUENCE O	F):		O Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
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CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (C	DR AS A CONSE	EQUENCE O	PF):													
	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (C	DR AS A CONSE	EQUENCE O	PF):	rlying ca	use given in		N AUTOPSY		ERE AUTOPSY FINDINGS							
	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (C	DR AS A CONSE	EQUENCE O	PF):	rlying ca	use given in	PERF	PRMED?	AV CC	AILABLE PRIDR TO OMPLETION OF CAUSE							
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, sage 5 should be director, as a the burlan-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlai, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner-must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTME ERTIFICAT			MENTAL HYGIEN	E	0020
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH A
GRACE THOMAS					MONTH DA	O 9 C	1.00
10 - 111 10 11/	6. SEX 6. AGE (In yrs. les	YRS. FUN	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	15 6. BIR	THPLACE (State or Foreign intry)
9a. FACILITY NAME (If not institution, give street	et and number)	9b. C	ITY, TOWN O	LOCATION OF DE	ATH	9c. COUNTY OF	DEATH
ROLAND PARK PL	ACE		BAI	TIMORE		MAR	YLAND
10s. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCATI	ON			10d. INSIDE CITY
MD		BAL	TIMOF	RE			1 X YES 2 NO
10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN OF	F WHAT COUNTRY?
830 W. 40th S	STREET						USA
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEOENT EVER IN U.S. AR FORCES? 1 YES 2 1 IF YES, GIVE WAR OR DATES	MED 40	If yes, spe		IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	Bio	ACE — American Indian, ack, White, stc.
15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	mpleted) (G	CEDENT'S USUAL ive kind of work do Do NOT use retired	ne durina mos	N t of working	16b. KINO OF BUS	SINESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden	Surnama)	
LEWIS THOMAS				REBEC	CA THOMAS	3	
19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING ADDR	ESS (Street ar	d Number or Rural i	Route Number, City or Town	n, State, Zip Code)	
JOSIE JOHNSON		404 N.	CHAI	EL STR	EET BAL	TO.MD	21231
20a. METHOD OF DISPOSITION 1	al from State 20b. PLACE other place			etery, crematory or		CATION City or	
21. SIGNATURE OF FUNERAL SERVICE LICEN	DydH		LERO			N FUNE	ERAL HOME
23. PART I. Enter the diseases, or con shock, or heart fellure. Lie	mplications that caused the dest only one cause on each line	eth. Do not en	ter the mod	le of dying, auc	h as cardiac or respi	ratory arrest,	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition	1	MA					Onset and Death
resulting in deeth) a.	DUE TO (OR AS A CONSE	QUENCE OF1:	4	A			0-
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Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	DENCE OF):	1				
cause. Enter UNDERLYING	-		`				
CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	QUENCE OF):					
PART II. Other algnificant conditions	contributing to death but not a	resulting in the	underiving	cause given in	Part I. 24s, WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
Holdocyte	Sorcoma		cin	of High	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATH (Ch	eck only one)		
	HOSPITAL:	DOA 4 N	JER:		6 Other (Specify)	_	
27. MANNER OF OEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME OF INJURY	28c. INJU WOI	IRY AT	26d. OESCRIBE HOW II	NJURY OCCURED	
2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At he building, atc(Specify)	me, farm, street,			261. LOCATION (Street a City or Town, State)		el Route Number,

1 ERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 ___ MEDICAL EXAMINER: On the basia of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

25 66

29d. DATE SIGNED (Month, Day, Year) 3/10 90

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DMAR 12 7990

29a. CERTIFIER

32. REGISTRAR'S SIGNATURE

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JON. Aller alls certificate its been signed by the accounty proportion and compressly lined in by the unique		28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mi
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THE !	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	mar
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IMPORTANT: If item

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										91	1 06	232
	1 - FOR REGISTRAR	STATE OF N			TMENT OF I			MENTAL HYGIE REG. N				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF D	EATH
	William	H.			Thorle	У	1			990		М
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 2		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Country	IPLACE (State o	r Foreign
	217 01 3893	893 1 🕱 M 2 🗆 F 73		YRS.	MONTHS DAYS	HOURS	MIN.	January2	1,191	7 Pe	ennsylv	vania
	9a. FACILITY NAME (If not institution, give st	FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN	OR LOCATIO	N OF DE	ATH	9c. COL	JNTY OF D	EATH	
E C	Union Memorial	Hospital			Ва	ltimo	re		1	Balt	timore,	, City
DIRECTOR	RESIDENCE OF DECEDENT											
끮		ne Arunde	.,	10c. CIT	Y, TOWN OR LOCA	TION	Dage	adena			10d. INSIDE C	
	Maryland Ani	ne Arunde	:1		1		rase	auena	T.,		1 TYES 2	27
FUNERAL					10	f. ZIP CODE	2116	22				***
	2900 Gladnor Rd.						2112				States	
F	11, MARITAL STATUS 1 Never Married 2 X Married	FORCES? 1	T EVER IN U.S. ARM		If yes, s	ecify Cuben	, Mexican	IC ORIGIN? (Specify Yn, Puerto Rican, atc.)	ea or No-	14. RACE Black	E — American i k, Whita, etc.	indlen,
B⊀	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 TYE	2 📉 10	Specify:			Speci	Whit	te
	15. DECEDENT'S EDUC		18e. DEC	CEDENT'S	USUAL OCCUPATE	ON		16b. KIND OF B	USINESS/IN	DUSTRY		
ETE	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 -	Ma	ve kind of Do NOT u	work done during m se retired.)	ost of working	7					
COMPLETED	11	College (I-C or 5)	'	Se1	f Employ	ed			Boat	Sale	es	
NO.	17. FATHER'S NAME (First, Middle, Last)					16. MOTH	ER'S NAM	ME (First, Middle, Maide	n Surname)			
	Harry		Thorle	y		Ed	lna			Pt	urdy	
BE	19a. INFORMANT'S NAME (Type/Print)				ADDRESS (Street	and Number	or Rural R	Soute Number, City or To	wn, State, Z	ip Code)		
5	Ruth E. Thorley			290	0 Gladno	r Rd.	, Pa	asadena,	MD	21122	2	
	20a. METHOD OF DISPOSITION		20b. PLACE (OF DISPO	SITION (Name of co	metery, cremi	atory or	20c. l	OCATION -	- City or To	own, State	
	4 Donation 5 Other (Specify) Glen Haven Memorial Park Glen Burnie, MD											
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME A	NO AOORES	S OF FAC		C D			
	1 3to (1)	200						ral Home n Ŗd., Pa				22
	23. PART i. Enter the diseases, or o	omplications tha	t caused the dea	ath. Do							Approx	
	shock, or heart feilure.	List only one cau	se/on each line.			1	11	1 4-				and Death
	iMMEDIATE CAUSE (Fine)	1/10	10/1/	1/1	MACARDA MARANTINA						44/	
	resulting in death)	a. P DUE TO	OR AS A CONSEC	HIENDE O	C OV DA	Who a	WY.	JAM I CO.	_		Mai	W
-	_	bull	Mary	16	VM Am	A	/11	1 Vin	and		121	CLA
0	Sequentially list conditiona, if any, leading to immediate	DUE TO	(OR AS A CONSEC	UNINCE O	PI CONT	-N1	LIUV	7 700	VV		T	m
SAT	ceuse. Enter UNDERLYING	2					3	7				
FE	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEQ	HENCE O	# 1:							
CERTIFICATION	resulting in death) LAST	d.										
2	DART II Other elections condition	o contelleutine to	death hut not a		to the conforter		diam'r In	nom: I no unn			WERE ALTON	
Ä	PART ii. Other significent condition	to it is a second of the		esuiting	in the underlyii	ig ceuse g	iven in	PERF	ORMED?	240	AVAILABLE PR COMPLETION	RIOR TO
ă	12 to 100 0 1 12 AC	AA. 10. A	100/10					1 _ YES	2 N		OF GEATH?	Dr CAUSE
ME	of Consocion	DONALD OF	W W	Ŋ				_			1 YES 2	□ NO
PHYSICIAN: MEDICAL												
CI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		Y	OTHER:	LACE OF OE	EATH (Che	eck only one)				
YSI	1 TES 2 NO	1 Inpatient 2		16pv	4 - Nursing Ho		sidence	6 Other (Specify)				
F	27. MANNER OF DEATH Natural 5 Pending	28a. DATE OF (Month, E		28b. TII	JURY W	JURY AT ORK?	, .	28d. DEŞCRIBE HOV	V INJURY O	CCURED		
ВУ	2 Accident Investigation			L		YES 2	NO			-		
	3 Suicide 6 Could not be determined		F INJURY At hor atc. (Specify)	me, farm,	street, factory, off	ca		281. LOCATION (Street, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, State City or Town, Sta		er or Rural i	Route Number,	
COMPLETED												
P.	CONTROL							to the cause(a) and n				
Š	MEDICAL EXAMINE	R: On the basis of a	xamination end/or i	investigati	on, in my opinion,	death occur	ed at the	time, data and place,	and due to	the cause(a) and menner	es stated.
BE C	295 MONATORIN AND TITLE OF SERTIFIC	1 1	1. 10:	7		20c. LICE	NSE NUN	ABER .	29d. D/	TE SIGNED	D (Month, Day, 1	thar)
TO B	Way /	MIN.	14/1/1	1		101	7	Q P/1	 • .	5-0	F-90	
<u>~</u>	TO NAME AND ADDITION OF BERSON WILL	O COMPLETED CAU	BE OWNERSTA OTER	M 2T) (Em	n Delatt							

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	er death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or remova	i is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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	1 - STATE OF MARYLAN		MENT OF H		MENTAL HYGIEN REG. NO	-	
	William 11L	stian (7/	illery	March F	<u> </u>	3. TIME OF DEATH
			IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8/8/191	Cou	THPLACE (State or Foreign ary) aryland
TOR	98. FACILITY NAME (If not institution, give street end number) Good Samaritan Hospital RESIDENCE OF DECEDENT	Baltim	PR LOCATION OF DE	EATH	Balti		
DIRECTOR	10a. STATE 10b. COUNTY Maryland N/A	1	TOWN OR LOCAT		TON HILL)		10d. INSIDE CITY LIMITS? XX YES 2 NO
FUNERAL	1509 Bolton Street,		101	21217		10g. CITIZEN OF	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U. FORCES? 1 X YES: IF YES, GIVE WAR OR DATE WW	2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— It yes, specify Cuban, Mexican, Puarto Rican, atc.) 1 Yes 2/L/NO Specify: Seecify:			ck, White, etc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	Give kind of wo life. Do NOT use	SUAL OCCUPATION of done during more retired.)	N st of working		SINESS/INDUSTRY	
MP		etired	Account				larvester Co.
	17. FATHER'S NAME (First, Middle, Last) Joseph Walter Tillery	,		Christ	ME (First, Middle, Maiden ina Cathe	rine Sch	neider
TO BE	19a. INFORMANT'S NAME (Type/Print) Mrs. Evelyn I. Schline	the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		nd Number or Rural I	Route Number, City or Tow	n, State, Zip Code)	
	20a, METHOD OF DISPOSITION 20b, PI	ACE OF DISPOSE	TION (Name of cen		Baltimor 20c. LO	CATION - City or	
	4 Donation 6 Other (Specify) Ce	dar Hil Ecker	22 NAME AN	ID ADDRESS OF FA	CILITY		Maryland
	> > 5 8/211 L.		McCul	ly Funer	al Home of co Ave., B	Brookly alto., N	n Md. 21225
	23. PART I. Enter the diseases, or complications that caused the shock or heart fellure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition resulting in death)	he deeth. Do no	ot enter the mo	de of dying, suc	h es cardiec or reap	Iratory arrest,	Approximete interval Between Onset and Death
7	DUE TO (OR AS A CO	ONSEQUENCE OF)	Co	a dis	myopat	le.	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	ONSEQUENCE OF)	vaso	ulan	deva	sl	
ERT	resulting in deeth) LAST						
MEDICAL (PART II. Other significent conditions contributing to deeth but	not reaulting in	the underlying	ceuse given in	Part I. 24s. WAS AN PERFOL	RMED?	No. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
		_	_		-		1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PL	ACE OF DEATH (Ch	eck only one)		
HYSI	1 YES 2 NO Inpetient 2 ER/Outpetie		4 - Nursing Hom		6 Other (Specify)	NJURY OCCURED	
ВУ Р	Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	ULMI	M 1 U	RK? 'ES 2 NO			
TED	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — building, atc. (Specify)	At nome, farm, sti	reet, factory, offic		26t. LOCATION (Street City or Town, State,		l Route Number,
COMPLETED	29a. CERTIFIER (Check-egly one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) MEDICAL EXAMINER: On the basis of axamination as						o(s) and menner as stated.
BE	296. BIGNATURE AND TITLE OF CERTIFIER UMAR OFFI	C		29c. LICENSE NUI	MBER	29d. DATE BIGNI	ED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	H (ITEM 27) (Type, I	Print)				
	31. DATE FILED (Morrith, Day, Year) 32. REGISTRAR'S SIGNATURE SUN DENILOS SIGNATURE SUN DENILOS SIGNATURE SUN DENILOS SIGNATURE SUN DENILOS SIGNATURE SUN DENILOS SIGNATURE SUN DENILOS SIGNATURE SUN DENILOS SIGNATURE SUN DENILOS SIGNATURE SUN DENILOS SIGNATURE SIGNATURE SUN DENILOS SIGNATURE SUN DENILOS SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SI	URE					
	MAR 1 2 1990 Julia Savidson - Mar	Pro-					DHMH-16 Rev 1/8

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunia, cremation, or removal, IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE O	F DEATH	REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Last)		1			2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH		
ĺ	JACK E	THOMAS				3 10		0107 M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6.		F UNDER 1 YEAR		7. OATE OF BIRTH	8. BIRT	THPLACE (State or Foreign		
	061-24-6683	115 4M 2 □ F	61 · YRS.	ONTHS DAYS		(Month, Diny, Year)	- 45	LORIDA		
æ	UNIVERSITY STRUCTURE		EMERGEN-		OR LOCATION OF DI	EATH	9c. COUNTY OF	OEATH		
DIRECTOR	CY MEDICAT SER	VICES		BA	TTIMORE		L			
<u> </u>	10s. STATE 10b. COUNT	ſΥ	10c. CITY,	TOWN OR LOC	ATION			10d, INSIDE CITY LIMITS?		
ă	MD BA	LTIMORE						1 TYES 2 NO		
AL	10e. STREET AND NUMBER				IOf. ZIP CODE	·		WHAT COUNTRY?		
FUNERAL	10 POMONA SOU	TH APARTM	ENT 9		21208		USA			
ا يَ	11. MARITAL STATUS	12. WAS DECEDENT EN	/ER IN U.S. ARMED YES 2 NO			NIC ORIGIN? (Specify Ye in, Puarto Rican, etc.)	s or No— 14. RA Bis	CE — American Indian, ick, White, atc.		
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	1/31/44	OR DATES / 14/46	4 - 34	BLACK					
	15. DECEDENT'S ED	UCATION	16a. DECEDENT'S US	SUAL OCCUPA		16b. KIND OF BU	ISINESS/INDUSTRY	DIAGR		
E 1	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor	rk done during retired.)	most of working					
COMPLETED	12	5+	FINAN	CE MA	NAGER	WEST	INGHOUS	E		
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meider	Sumame)			
BEO	RICHARD THOMA	S			FREDD	IE THOMAS	3			
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tov		21066		
F	IRA COX		801 M	ARION	QUIMBY	DR STEVE	ENSONVI	LLE, MD		
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Re	moval from State	20b. PLACE OF DISPOSIT other place)			-11	OCATION — City or			
	4 Donation 5 Other (Specify)		GARRISON .	FORES	T VETER	ANS OW	INGS MI	LLS, MD		
	21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE		22. NAME	Fin Sar	C/O Chai	lean Gi	lmore Hen- rris F H MD 2121		
	Macgalean	D. Hense	377	1701	McCull	oh Street	Balto	MD 21211		
	23. PART I. Entar the diseases, or shock, or heart failure							Approximate Interval Batween		
ı	IMMEDIATE CAUSE (Final	. List Only One Cause	on each ine.					Onsat and Daath		
1	disease or condition reauting in death)		SENGRE	1700	CAMION	- DUET	>.			
		DUE TO (OR	AS A CONSEQUENCE OF):							
Z	Sequentially list conditions,									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	OUE 10 (OH	AS A CONSEQUENCE OF):							
윤	CAUSE (Disease or injury that initiated events	c. OUE TO (OF	AS A CONSEQUENCE OF):							
E	resulting in death) LAST									
EDICAL	PART ii. Other aignificant condition	ontributing to de	ath but not resulting in	the undariy	ing cause given in		RMED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
8						1 YES	2 00	COMPLETION OF CAUSE OF DEATH?		
¥						— I		1 YES 2 NO		
PHYSICIAN: M										
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C					
ΥS	27. MANNER OF DEATH	1 Inpetient 2 EF			ome 5 A Residence	8 ☐ Other (Specify) 28d. DESCRIBE HOW	IN HIEV OCCURED			
	1 Natural 5 Pending	(Month, Day,		RY	WORK?	28d. DESCRIBE NOW	INSURT COCONED			
B	2 Accident Investigation 3 Suicide 8 Could not be	26I. LOCATION (Street	and Number or Run	al Route Number,						
COMPLETED	4 Homicide 8 Could not b	building, etc.	. (Specify)			City or Town, State				
9	29a. CERTIFIER	SICIAN: To the heat of my	knowledge, death occurred	Let the time d	ete and place, and du	a to the causele) and m	anner so eteled			
₹ I	Crieck only		ination and/or investigation					e(a) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIF		THE PARTY OF THE PARTY		29c. LICENSE NU	1211-1-12		ED (Month, Day, Year)		
8	Joh R Kens Do				DH 465		D 3/co/c			
2	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type.)	Print)	10		37			
	John R Keins D 31. DATE FILEMAR 1 2 199	32 REGISTRANS	SIGNATURE							
	MAR 1 2 199	1 gularbar	idson-Manage							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIFI	CATE	E OF	DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Mid	die, Last)							2, DATE	OF DEATH		YEAR	3. TIME OF DI	EATH
ELIZABETH	MO	RGAN	WIN	ITERS				03	0.		990	9:01	AM
4. SOCIAL SECURITY NUMBER		. SEX		. last birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE	OF BIRTH	1	6. BIRTH	PLACE (State of	Foreign
N/A	1	☐ M 2 💢 F		YRS.	MONTHS	DAYS	20 min.		0, Day, Year)		Mar	vland	
9e. FACILITY NAME (If not institut	lion, give stree	t end number)			9b. CITY	, TOWN O	R LOCATION OF DE	EATH		9c. COUN	TY OF DE	EATH	
THE JOHNS HO	אדאים	иосртт	AT		D.A	TOTA	ODE OTEN	7					
RESIDENCE OF DECED	ENT	HUSFII	AL		BA	TITE	ORE CITY	Υ					
10e. STATE 108	. COUNTY			10c. CITY	, TOWN	OR LOCAT	ION					10d. INSIDE C	ITY
Maryland	Balt	imore		Ca	atons	svil:	Le					1 YES 2	□ NO
10e. STREET AND NUMBER						101.	ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY	7
408 Gralan R	oad						21	228		U.	S.A.		
11. MARITAL STATUS		2. WAS DECEDEN	T EVER IN U.S	ARMED			ENDENT OF HISPAN			or No-	14. RACE	— American I	ndlen,
1 🔯 Never Merried 2 🗌 Mer	- 1	FORCES? 1	YES 2	X_NO			city Cuban, Mexica 2 XNO Specifi		Rican, #Ic.)		Specif	, White, etc.	
3 Widowed 4 Divorced							- CAX	, .				White	
15. DECEDE (Specify only hig	NT'S EDUCAT	TION moleted)	16a	DECEDENT'S				16b	KIND OF BUS	INESS/IND	USTRY		
Elementary/Secondary (0-12)		College (1-4 or 5	,)	life. Do NOT us	e retired.)	auring mo	st or working						
N/A		N/A		N	/A					N/A			
17. FATHER'S NAME (First, Middle	, Lest)						18. MOTHER'S NA	ME (First, I	Middle, Meiden	Sumeme)			
Mark Alan Wi	nters						Marv	Lvnn	Haspe	rt			
19a, INFORMANT'S NAME (Type/				195. MAILING	ADDRES	S (Street a	nd Number or Rural				Code)		
Doris Winter	C			315 (lrol.	an R	oad Bal	timo:	ro MD	2122	8		
20a. METHOD OF DISPOSITION			20b. PL				netery, cremetory or	C I IIIO	_	CATION —		wn. State	
1 Buriel 2 Cremetion 4 Donation 5 Other (Soc		al from State	oth	er place)						timor			
21. SIGNATURE OF FUNERAL SE	7,7	ISEE		DOOM.			etery	CILITY	рат	CIMOL	e, r	·ID	
. 0 4	7	/					ard Fune		Home,	Inc.			
Daun A	Tush	lus				4107	Wilkens	Ave	. Bal	timor	e, N	MD 2122	29
23. PART I. Enter the disea												Approx	dmate
shock, or haer	t tellure. Lit	_											i Between and Death
disesse pr condition	- 0	Sac	cal	Cox	310	CA	~ TER	470	2144 A	ļ.		20	45
resulting in death)	a.,	DUE TO	(OR AS A CO	NSEQUENCE OF	P): 7 7	Cit	- 1010					120	
Sequentially list conditions if any, leading to immediate		DUE TO	(OR AS A CO	NSEQUENCE OF	F):								
cause. Enter UNDERLYING												ļ	
CAUSE (Disease or injury that initiated events		DUE TO	(OR AS A CO	NSEQUENCE OF	F):								
resulting in death) LAST													
	0.												
PART ii. Other significant	conditions	contributing to	death but r	ot resulting	in the u	nderiyin	g cause given in	Part I.	24a. WAS AN PERFOR		24b	WERE AUTOPS	
									1 FAVES 2	□ NO		OF DEATH?	OF CAUSE
									/			1 YES 2	□ NO
25. WAS CASE REFERRED TO M	EDICAL					26. Pi	ACE OF DEATH (C)	heck only o	ne)				
1 YES 2 YO	1	HOSPITAL:	FR/Outpetle	nt 3 □ DOA	OTHE		e 5 🗆 Residence	6 □ Othe	ne (Spanihi)				
27. MANNER OF DEATH		26a. DATE O	FINJURY	26b. TiM	E OF	26c. INJ	URY AT		SCRIBE HOW	NJURY OC	CURED		
1 Natural 5 Pen	ding	(Month, i	Day, Year)	INJ	URY M		PRK?						
2 Destate	atigation	28e. PLACE	OF INJURY —	At home, farm,	street, fec	ctory, offic	•	261, LOC	CATION (Street	end Number	or Rural I	Route Number.	
	ild not be ermined	building	etc. (Specify)					City	or Town, State)				
290. CERTIFIER								1		_	_		
(Check only							and place, and du						
2 MEDICAI	EXAMINER:	On the basic of	examination en	d/or investigation	on, in my	opinion, d	leath occured at the	e time, date	e and place, er	nd due to th	ne cause(s	s) and manner	as stated.
296. SIGNATURE AND TITLE OF	CERTIFIER		MAIN	Λ		V2 1	29c. LICENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Y	bar)
(11m	10	109/	147	A55 1-	THU	Kalt	-			1 3	3/3	190	
30. NAME AND ADDRESS OF PE		COMPLETED CAL				1 July 10					14		
1.2.11.	-(3)	100	h, i	mo	60	0/ /	U wolfe S	4	TILIL	R. 1	Luna	- NO HIL	17120
william	1 7	LINO.	NY		0	-, /	- COOLING C	11 (1777	MA	IM	AC JULY	~ 600

in the no pital or attanding physician, MARYLAND 21203-3146 BALTIMORE,

pertent for use as the burial-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4- nours after death. Fage 8 may 10 THE PUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the funeral direction, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1990

DHMH-16 Rev 1/89

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cute	00 P	urial	tic
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NO.	R. At	ar de	60
E A	6	s afte	28
8	DIR	hour	Nem
M	RAL	2	=
TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical exam
포	HE	P Pa	ORI
5	107	be fi	F

								9	U	0623	36
	1 - STATE REGISTRAR	E OF MARYLAND) / DEPAF Certif	ITMENT OF I	IEALTH AND DEATH	MENTAL	REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH DA		3. T	IME OF DEATH	A
l I	Marie L. Watts					MONTH	5 0	8 9		1255	M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (in yrs.	. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8.1		CE (State or Foreig	gn
	216-07-4457 □ м	2.8€ 75	YRS.	MONTHS DAYS	HOURS MIN.	1	10-14			land_	
	Sa. FACILITY NAME (If not institution, give street and no	umber)		9b. CITY, TOWN	OR LOCATION OF			9c. COUNTY			
6		SPITAL		BALT	MORE						
DIRECTOR	10s. STATE 10b. COUNTY			Y, TOWN OR LOCA						INSIDE CITY	
	Maryland			Baltimor						YES 2 NO	0
¥	10e. STREET AND NUMBER			10	f. ZIP CODE	- 2		10g. CITIZEN	OF WHAT	COUNTRY?	
FUNERAL	3535 Wilkens Avenue				21229	9		U.S.			
5	500	DECEDENT EVER IN U.S CES? 1 YES 2	ARMED		CENDENT OF HISP pecify Cuban, Maxi			or No- 14.	RACE - / Black, Wh	American Indian, nita, atc.	,
BY F		ES, GIVE WAR OR DATES			2 NO Spec		,		Specify:	Tl. 2 4. a	
										Vhite	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed		(Give kind of life. Do NOT L	work done during m	ON ost of working	160.	KIND OF BUS	SINESS/INDUST	HY		
E I		(1-4 or 5+)						37	<i>c</i>		
COMPLETED	5th grade		Sear	nstress	16. MOTHER'S I			ng Mani	iraci	turer	
8	17. FATHER'S NAME (First, Middle, Last)				Charles and the same of						
8	Henry Keil						INKNOW		4.5		
2	19a, INFORMANT'S NAME (Type/Print)			G ADDRESS (Street							
[Eldridge R. Watts			Kentucky				CATION — City		0	
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Removal from	State oth	er place)	OSITION (Name of co							
	4 Donation 5 Other (Specify)	I	<u>_oudon</u>	Park Ce	metery ND ADDRESS OF		Ba.	ltimor	e, MI)	
9	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	/			ard Fune		lome.	Inc.			
	Jan L X 12	luc			Wilkens				. MD	21229	
	23. PART i. Enter the diseases, or complica									Approximat	
	shock, or heart feliure. List only	one cause on eech	line.							Onset and	
	IMMEDIATE CAUSE (Finel disease or condition	MALIGN	HNT	LY	MPHO	MA				10 Y	SARS
	resulting in death)	DUE TO (OR AS A CO									73
-											
CERTIFICATION	Sequentielly list conditions, if eny, leeding to immediate	DUE TO (OR AS A CO	NSEOUENCE (OF):							
18	cause. Enter UNDERLYING							+ /		ļ	
Ē	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CO	NSEQUENCE	OF):							
E	reaulting In death) LAST									!	
	DATIT II Other significant conditions contri	hutles to death but	not mouiting	in the underlyi	na ceuse aluen	In Duct I	24a, WAS AN	AIFTORRY	245 WI	RE AUTOPSY FIN	DINGS
MEDICAL	PART II. Other aignificant conditions contri	butting to death but i	not readiting	i in the onwerry	ng couse given		PERFO		AW	AILABLE PRIOR TO	0
ă	·				-		1 TYES	NO		DEATH?	,
¥									1 [YES AN	0
ä											
ĕ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	PITAL:		26.	PLACE OF DEATH	(Check only o	ne)				
S	1 🗆 YES 2 🕽 💜 O	patient 2 - ER/Outpatie	nt 3 🗆 DOA		me 5 🗆 Rasiden	ce 8 🗆 Othe	er (Specify)				
PHYSICIAN:		(Month, Day, Year)	28b. Ti		JURY AT ORK?	28d. DE	SCRIBE HOW	INJURY OCCUI	(ED		
B	1 Natural 5 Pending 2 Accident Investigation			M: 1 🗆	YES 2 NO						
ED	3 Suicide 8 Could not be	 PLACE OF INJURY — . building, etc. (Specify) 	Al home, farm	, street, factory, of	ica		or Town, State	and Number or)	Rural Rout	e Number,	
	4 Homicide detarmined				= 111=						
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To	the best of my knowled;	ge, death occu	rred at the time, de	te and place, and	due to the ca	ruse(s) and me	nner as stated			
M	one) 2 MEDICAL EXAMINER: On the	e besis of exemination ar	nd/or investiga	tion, in my opinion	death occured at	the time, dat	and place, a	nd due to the	:ause(a) ar	nd menner as sta	ated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE	NUMBER		29d. DATE S	IGNED (M	onth, Day, Ybar)	
8	(known	MI	D-HO	USE STAF	d			131	18/4	30	
<u></u> 일	30, NAME AND ADDRESS OF PERSON WHO COMP								-//		

HOSP

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

AND BR SY, M.D. ST. AGNES

22. REGISTRAR'S SIGNATURE
Davidson-Randall

ALEX AND ER 31. DATE FILED (MONTH, Day, Year) MAR 1 2 1990

21229

MD

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1314	Proprieted
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OF	DISAMO
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OCCUTAL OD ATTENDIALS DUVCKCIAN: The law requires that the death certificate he executed within 24 h
5	90
	OCDITAL

	REGISTRAR	-	CERTIF	ICATE	OF DEATH	1 2 2477	REG. NO		3. TIME OF DEATH
	1. OECEDENT'S NAME (First, Middle, Lest)	S. WILSON	J, Jr.			MONT	OF OEATH H D	1	YEAR 9/5 A
	4. SOCIAL SECURITY NUMBER	1.	(in yrs, last birthday)	IF UNDER 1 YE		(0.4 4)	OF BIRTH h, Day, Year)	8	. BIRTNPLACE (State or Foreign Country)
	234403286		YRS.			10	17/2		est Va., U.
.	9a. FACILITY NAME (If not institution, give :			les.	WN OR LOCATION OF	DEATH	10		Y OF DEATH
	Francis Sco	tt Key Med	•	0.9	domore		10	No.	Home
	10e. STATE 10b. COUNT	Y		TO .	OCATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
н	10e. STREET AND NUMBER		Das		10f. ZIP CODE			10g. CITIZE	N OF WHAT COUNTRY?
LONERAL	120 S. Eato	n Street			212	24		U.S.	7
	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES			DECENDENT OF HISI s, specify Cuben, Mex			or No 14	I. RACE — American Indian, Black, White, etc.
	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D			YES 2 NO Spe		,		Specify: WHITE
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	work done durin	PATION og most of working	16b	. KIND OF BU	SINESS/INDUS	STRY
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	SHIPI			1	3044	che	4 Stoel
	17. FATNER'S NAME (First, Middle, Last)	1// /== 4/	Sec		16. MOTNER'S	NAME (First,	Middle, Maiden	Sumame)	
	17. PATNET'S NAME (FIRST, MICHOTO, CIRST) A M & A. 190. INFORMANT'S NAME (Type/Print)	11/302 -	106 MAII IM	Annaess /Sr	reet and Number or Rui	a C	CON OF FOR	OP F	S code)
2	Leveriere .	11.15N	170	00 1	2 YON S	T HOOLE HUIT	217	/	000)
,	20s. METHOD OF DISPOSITION	201	PLACE OF DISPO		of cemetery, crematory	or ·			ty or Town, State
	1 Buriel 2 Cremetion 3 Ram 4 Donation 5 N Other (Specify)	NTOMBINENT	other place) Oakl	awn			B	alto	Hd.
	21. SIGNATURE OF FUNERAL SERVICE LI				ME AND ADDRESS OF	-		9	14
	Joseph n.	Januar)	h	ose	635, (ord	elen	F	reet >12
	23. PART I. Enter the diseases, Dr	complications that cause List only one ceuse on e		not enter the	mode of dylng, a	uch es car	diac or resp	iratory erres	st, Approximate
	IMMEDIATE CAUSE (Final	List only one cease on e	acii iiie.						Onset and Dea
	disease or condition resulting in death)	rep	Ses						
			A CONSEQUENCE C		A				
;	Sequentielly list conditions,	W-	A CONSEQUENCE O						
{	if eny, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or Injury that initiated events	· OUE TO (OR AS	A CONSEQUENCE O	OF):			_		
	resulting in death) LAST	d							
اي	PART II. Other significant condition	ns contributing to death i	out not resulting	In the under	rlying ceuse given	in Part i.	24a. WAS AI		24b. WERE AUTOPSY FINDING
							PERFO		COMPLETION OF CAUSE OF DEATH?
									1 TES 2 NO
		A.							
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH	(Check only o	ne)		
2	1 TYES 2 NO	1 Inpatient 2 ER/Out		4 - Nursing	Nome 5 Residen				
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	286. TII	JURY	C. INJURY AT WORK?	28d. DE	SCRIBE NOW	INJURY OCCU	IRED
5	2 Accident Investigation 3 Suicide & Could not be	28a, PLACE OF INJUR	Y — Al home, farm,			28f. LO	CATION (Street	and Number o	r Rural Route Number,
3	4 Homicide determined	building, atc. (Spe	ecify)			City	or Town, State))	
4	290. CERTIFIER 1 CERTIFYING PNY	SICIAN: To the best of my know	wiedge, death occur	red at the time	, date and place, and	due to the ca	use(a) and ma	nner as state	d.
<u> </u>	Check only								cause(a) and manner ee stated.
5 1									
E COMPL	296. SIGNATURE AND TITLE OF CERTIFIC	H ((()			29 LICENSE	NUMBER		29d. DATE	SIGNED (Month, Day, Year)

MA NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

and productions of the state of

TÓ BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR				CE	:KIIF	ICATI	OF	DEAT	H	i	REG. NO.			
1. DECEDENT'S HAME (First, Mid	idle, Last)	-								2. DATE OF MONTH	DEATH DA	v	YEAR	3. TIME OF DEATH
HAROLD WILL	M MA	INDLE								03		Ď4	90	11:56 A M
4. SOCIAL SECURITY NUMBER		8. SEX	6. AGE	(In yrs. las		IF UNDER		IF UNDER		7. DATE OF	BIRTH S. AGAO		8. BIRTI	HPLACE (State or Foreign ry) WV
220100806		1 🛂 M 2 🗌 F		69	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month)	7/20			" WV
9a. FACILITY NAME (If not institut	tion, give str	eet and number)				9b. CITY	, TOWN	OR LOCATIO	OH OF DE	ATH		9c. COU	INTY OF D	EATH
SACRED HEART	r HOS	PITAL				C	umbe	erlan	d			Al	LLEGA	ANY
RESIDENCE OF DECED	DENT b. COUHTY				10. 07	Y, TOWN (201004							10d. IHSIDE CITY
		-						IIOH						LIMITS?
10a, STREET AHD HUMBER	Mine	eral			<u> </u>	iedm		f. ZIP CODE				40 017	TEN OF	1XXYES 2 NO
	Hamps	shire St					10		2675	50		10g. CI1		JSA
11. MARITAL STATUS 1 Never Married 2 Mar 3 Widowed 4 Olvorced		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	N U.S. AR 2 H	MED		If yes, sp		n, Mexica	NIC ORIGIH? (1 in, Puerto Rica y:		or Ho—		E — American Indian, k, Whita, atc. ://y: White
X	- 1		11											
15. DECEDE (Specify only hig	hest grade o	completed)		16a. DE	CEDENT'S ive kind of a	Work done	during mo	ON ost of workin	g	16b. KI	HD OF BUS	SIHESS/IN	DUSTRY	
Elementary (0-12)		College (1-4 or 5	+)			per				I M	aking	Par	er	
17. FATHER'S HAME (First, Middle	Jact1			1	га	her	****	7	lebie na	ME (First, Mide			-	
Charles		0								A Mitt			10	
19a. IHFORMAHT'S HAME (Type/				19	h. MAII ING	ADDRES	S (Strant			A MILL				
Charlotte		Broadwa	ter		Mid1				542	rumpel,	-ny or now	n, onem, 21	, 4000)	
			7	b. PLACE	OF DISPO	SITION (N	me of ce	metery crem		-	20c 10	CATION -	City or To	own, State
20g METHOD OF DISPOSITION 1 X Burial 2 Cremation 4 Donation 5 Other (Spe		ival from Stala	1.0	Ph i	los	Ceme	ters	T	LIVING OF					, Md.
21. SIGNATURE OF FUHERAL SE		EHSEE		1111	100	22.	HAME A	HD ADDRES	SS OF FA	CILITY		-	por c	, Inc.
1.0.1	12	Co. /	1		1.					FUNE				
Treslech	10	Mum			1/4									21562
23. PART I. Enter the disec	eses, or co	omplications the let only one ce	et cause	d tha da	eth. Do i	not enter	the mo	ode of dyl	ng, suc	h as cardia	or respi	ratory a	rrest,	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition reaulting in death)		CARD	400	EN) I C	5	HU	CK						Onset and Desth
Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		DUE TO Card DUE TO CURUNA	O (OR AS	COHSE A CONSE	OUENCE O	lia Mhr P:	nie	inf		lion				
PART II. Other significant	conditions	s contributing to	death	but not	resulting	In tha u	ndariyin	g cause g	given in	Part I. 2	Ia. WAS AN		24	b. WERE AUTOPSY FINDINGS
DIAGE	TE F	MEL	LIT	us						١.	PERFO!			AVAILABLE PRIOR TO COMPLETION OF CAUSE
HYPER										'	YES 2	П		OF DEATH?
7	377		-10	5 6	PAIL	100		1/4/10	m	7				1 TYES 2 HO
25. WAS CASE REFERRED TO M		16 1/18	207 1-		-7710	MIZ		11000		neck only one)		-		
EXAMINER? 1 YES 2 1 HO		HOSPITAL:	ED40	matlant 1	□ B04	OTHE	R:				III.			
27. MANNER OF DEATH		25s. DATE O		Parimin 2	28b. TIN			ne 5 ∐ Ra JURY AT	ancienca	8 Other (S		HJURY O	CCUREO	
1 Haturel 5 Per			Day, Year)			JURY	W	ORK? YES 2	□ но					
a Cartela	atigation	28e. PLACE (OF IHJUR	Y — Al he	me, farm-	street. fac				281, LOCATI	OH (Street	and Numh	er or Rure!	Route Number,
	rid not be ermined	building	, atc. (Spe	ecify)			,				Town, State,			
one)		CIAH: To the best of												(a) and manner as stated.
29b. SIGNATURE AHO TITLE OF	CERTIFIER	1						29c, LICI	ENSE HU	MBER		29d. DA	TE SIGHE	D (Morith, Day, Year)
210	rell		0					10	21.0	107		•	31~	11990
30. HAME AHO ADDRESS OF PE				EATH (ITE	M 27) (Tvn	a. Print)			~ 0		_		(1)	11/0.
HARJIT SII		5 E.				-	BURG	, MD	21.	532				
MAR 1 2 10	വ്വ	32. REGISTR	AR'S SIG	MATURE	2									

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1 - STATE REGISTRAR	8	STATE OF MARY		DEPARTMENTIFIC			ALTH AND I		HYGIENI REG. NO.			
1. DECEDENT'S NAME (First	t, Middle, Last)					-		2. DATE OF	DEATH			3. TIME OF DEATH
Elizabe	eth F.	Yonkers						03-1	1-90		YEAR	06:55AMM
4. SOCIAL SECURITY NUM			(In yrs. las	t birthday) IF	UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH			PLACE (State or Foreign
361-03-61	90 1	□ M 2 1 F	79	YRS. MO	NTHS (DAYS	HOURS MIN.	(Month, I	04-1	3	Country	linois
9a. FACILITY NAME (If not in		and number)	10	98	. CITY, T	OWN OR	LOCATION OF DE		04 1	9c. COUN	TY OF DE	
Union Mem		Hospital			Ba1	tim	ore					
RESIDENCE OF DE	10b. COUNTY			10c. CITY. T	OWN OR	LOCATIO	NA .					10d. INSIDE CITY
MD					1ti						_	LIMITS?
10e. STREET AND NUMBER						10f. :	ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?
710 W. 40	TH Str	eet-				1 3	21218			U.S	. A.	
11. MARITAL STATUS		. WAS DECEDENT EVER	IN U.S. AR	MED	13. W	S DECE	NDENT OF HISPAN	NIC ORIGIN?	(Specify Yee		14. RACE	- American Indian,
1 Never Merried 2		FORCES? 1 YES		10	R	ves, spec	Hy Cuban, Mexica		ean, stc.)		Specif.	White, etc.
3 Widowed 4 Div	orced	ir 163, dive men on	DAIES		''		E HO Specin	y.			W	hite
	CEDENT'S EDUCAT ly highest grade cor		(G	CEDENT'S US	done du	SUPATION	of working	16b. K	IND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (College (1-4 or 5+)		Do NOT use re								
12 Years	-	Years	Bo	okkee	per				olf (
17. FATHER'S NAME (First, A							16. MOTHER'S NA					
William F.		enreich					Elizab			rle		
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING AC	DRESS (Street and	d Number or Rural	Route Number	, City or Town	, Stete, Zip	Code)	
William F.	Yonke	rs	3	04 Som	erse	et R	d Balt	timore	, Mary	land	_ 2	1210
20a. METHOD OF DISPOSIT		ol from State	0b. PLACE other pl	OF DISPOSITI	ON (Name	e of ceme	stery, crematory or		20c. LO	CATION -	City or Tox	vn, State
4 Donetlon 5 Dothe			ree	n Mou	nt	Cem	etery		Ba1	tim	ore,	Maryland
21. SIGNATURE OF FUNER	AL SEMVICE-LIGHT	MAE /			22 M	AME AND	ADDRESS OF FA	Johns	con . F) A	Fune	eral Home
10000	2	1 //	//		18							,MD21204
23. PART I. Enter the	diagona or oon	noile flone that caus	ad the de	oth Do not	-							Approximata
		it only one ceuee on			enter t	ne mou	e or dying, auc	n ee carus	ac or reap	ratory arr	wat,	Interval Between
IMMEDIATE CAUSE (F	inel	4.4		· 1		Λ	A					Onset and Death
disease or condition resulting in death)	→ a	Mys	ear	deal	In	40	relun					Mound
		Mys DUE TO GA AS A TENO	A CONSE	QUENCE OF):		0		0	0			120
Sequentially list condi	tions b.				co	rde	weren	you	der			Treus
If any, leading to imme	ediete a	DUE TO (OR AS	A CONSE	OUENCE OF):								
CAUSE (Diseasa or Inj												
that initiated events resulting in deeth) LA	ST	DUE TO (OR AS	A CONSE	OUENCE OF):								
	d											
PART II. Other aignific	ant conditions	contributing to deeth	but not	resulting in	the und	erlying	cause given in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
Chronen	obstun	tur lu	va d	men	1				PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
Fracti	Ted In		9					_	1 1 165 2	AG NO		OF DEATH?
1 racia	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7'				-						1 YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL					26. PL	ACE OF DEATH (C)	heck only one)	-		
EXAMINER?	1	IOSPITAL:	- J-27	7.55	THER					77		
1 YES 2 NO		26s. DATE OF INJUR		26b. TIME	-	ng Home	5 Residence		(Specify)	N HIEV OO	CUPED	
2.0	Pending	(Month, Day, Year		INJUR		WOF	RK?	200. DE90	WIND HOW I	NJONI OC	CONED	
2 Accident	Investigation	no- Di ACE OF IN HI	my as a	1 1 1 1 1 1			ES 2 NO	201 1 200	PIONI (On and	At b -	0 1 /	
3 Suicide 6	Could not be determined	28e. PLACE OF INJU building, etc. (S	pecify)	ome, rarm, stri	Met, Talcto	ry, omce			Town, State)		or nuner	loute Number,
29a. CERTIFIER	TITUMO TUNE	1										
(Check only		AN: To the best of my kn On the besis of examine										and manner se stated
		OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE		gatioti,	my op				piace, at			
29b. SIGNATURE AND TITL	E OF CERTIFIER	.00. 40					29c. LICENSE NU	MBER		29d, DAT	E SIGNED	(Month, Day, Year)
Dundel	7 10 3	yllen MI)				DU ?	77			7111	70

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WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

1 1990

be personed for use as the burial-transit permit. Pages 1, 2, 3 should by the hospital or attending physician. LAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flow steen feath. Page 6 may to the the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of t BALTIMORE,

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTU MOZRIO

BALTIMORE, MARYLAND 21203-3146

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be retained by the lab	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detailed to burish 25 hours after death with the State Dent of Health and Mental Motiere prior to burish, cremation, or removal.	IMPORTANT: It lem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE	STATE OF MARYL					MENTAI	. HYGIEN		90	06240
į	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	MILDRED L			E OF	DEATH	2, DATE	OF DEATH		YEAR 3.	TIME OF DEATH
	MILDREY	AMREIL	0				U	0	7	70 3	5: 70 F M
	4. SOCIAL SECURITY NUMBER 214-14-1218	1 🗆 M 2 📈 F	in yrs. last birthday	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont)	OF BIRTH	-1	Country) Mar	ce (State or Foreign
TOR	90. FACILITY NAME (If not institution, give sti	+HOSPITA	_	9b. CIT	Town o	OR LOCATION OF D	EATH		9c. COUNT	A-C	TIMONE
DIRECTOR	10e. STATE 10b. COUNTY	timore	10c. C	Gler	or Locat					100	I. INSIDE CITY LIMITS? YES XX NO
FUNERAL	100. STREET AND NUMBER 12208 Long Gree	n Pike				21057	n	U.			COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13.	If yes, sp	ENDENT OF HISPA ecify Cuban, Mexico 2 X NO Speci	an, Puerto I		or No- 1	4. RACE — Black, Wi Specify:	American Indian, hite, atc. White
입	15. DECEDENT'S EOUC (Specify only highest grade	CATION Completed	16a. DECEDENT	'S USUAL O	OCCUPATION OF	ON ast of working	16b	KIND OF BU	SINESS/INDU	STRY	
COMPLETED	Elementary/Secondary (0-12) 12	Coflege (1-4 or 5+)	L; P.	use retired.)		at or working	s	heppa	rd Pra	att Ho	spital
Ď.	17. FATNER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, I	Middle, Maiden	Surname)		
BEC	Walter Ja	ckson				Lula		Frant	Z		
TO B	19e. INFORMANT'S NAME (Type/Print)					and Number or Rural	Route Num	ber, City or Tow	m, State, Zip (Code)	
F	Kenneth R. Amrein	, Jr.	Sam	e As	#10						
	20e. METNOD OF DISPOSITION DE Burlel 2 Cremetton 3 Remo 4 Donetton 5 Other (Specify)	ovel from State S				metery, crematory or Green 3-	10-90	Hyde	es, Ma		
	21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				NO ADDRESS OF F					
	*Wallace -		-1//			lowson Fr York Roa			-		
	23. PART I, Enter the disease, or o shock, or haert felture. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on a	ach line.			FARCT		diac or reap	iratory erre	at,	Approximate interval Between Onset and Death
	, , , , , , , , , , , , , , , , , , , ,	DUE TO (OR AS A	CONSEQUENCE	OF):							
CERTIFICATION	Sequentially lifet conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE	OF):							
ERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE	OF):							
	PART ti. Other eignificant condition	e contribution to death h	uit not requitin	o in the s	ınderhin	o cause alven is	Dart i	24- WAS A	AUTOPSY	245 WE	RE AUTOPSY FINOINGS
PHYSICIAN: MEDICAL	PERIPHERAL.	VASCULAR	DISEA	38		g cause given in		PERFO	RMED?	CO DF	AILABLE PRIDE TO MPLETION OF CAUSE DEATN?
Σ										1 1	YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL	r 			26.0	LACE OF DEATH (C	beck only o	201			
<u> </u>	EXAMINER?	HOSPITAL:	a C Box	OTHE	R:						
₹	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outs 26e. DATE OF INJURY		TIME OF	_	ne 5 🗆 Residence	_	SCRIBE HOW	INJERRY OCC	JAREN .	
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJURY M	1 🗆	YES 2 NO					
	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Spec	f — At home, fare cify)	n, street, fa	ctory, offic	De .	26f, LOC City	ATION (Street or Town, State	end Number (or Rural Rout	e Number,
COMPLETED	(Orboth Orly)	CIAN: To the best of my know									nd manner as stated.
Ő	29b. SIGNATURE AND TITLE OF CERTIFIES	R				29c. LICENSE NO	JMBER		29d. DATE	SIGNEO (M	onth, Day, Year)
TO BE	Januara Millu- 30. NAME AND ADDRESS OF PERSON WH	<u>.</u>		ino D-1		D 30	263		•	3-7-	90
	FRANCIS 7. KH				TAL	phone					

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Flours after death. Page 6 may reminishing the physician.
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 amount be accurated for use as the bunial-transit permit
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Pages 1, 2, 3 should

	FOR STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
	1. OECEDENT'S NAME (First, Middle, Lest)	ANDERS	ON	"	2. DATE OF GEATH MONTH 03-07-19	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 234-22-2707	5. SEX 6. AGE (In yrs. lest birthdey) IF UN YRS. MONTH	IDER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) 09-22-13	B. BIRTHPLACE (State or Foreign Country).
OR	So. FACILITY NAME (II not institution, give st 6 NORTH WOOD	YNGTON RD.	APT. DIO 96.	BALTIMORE	CITY DC. COUNT	Y OF DEATH
DIRECTOR	10a. STATE 10 A D Y A D Y		10c. CITY, TOW	ON OR LOCATION	<i>-y</i>	10d. INSIDE CITY LIMITS?
	10a. STREET AND NUMBER	10-10	BHI-I	101. ZIP CODE	10g. CITIZE	1 🗹 YES 2 🗌 NO EN OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IF	U.S. ARMED	13. WAS DECENDENT OF HISPA	VIC ORIGIN? (Specify Yes or No.— 1	4. RACE — American instant,
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES		if yes, specify Cuban, Mexica 1 YES 2 NO Specify		Specify: BLACK
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retin	one during most of working	16b. KIND OF BUSINESS/INDU	STRY
MPL	17. FATHER'S NAME (First, Middle, Last)	2	7RUCK	DRIVER	TEANSE (First, Middle, Maiden Surname)	ORTATION
ш	17. PAIRER'S NAME (FIRST, MIDDIE, LIIST)			18. MOTHER'S NA	ME (First, Middle, Maiden Surname)	
TO B	19a. INEGRMANT'S NAME (Type/Print)	ORDS	19b. MAILING ADDR	RESS (Street and Number or Rural)	Poute Number, City or Toyor State, Zip C	Code)
	20a. METHOD OF DISPOSITION 1	oval from State	PLACE OF DISPOSITION	(Name of cometery Compton)	20c. LOCATION — CI	ity or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE &	Pain	22. NAME AND ADDRESS OF FA	CHAPEL OF C	HIMES
	23. PART Enter the diseases, or shock, or heart failure	omplications that clused	the death. Do not se	nter the mode of dying, suc	th ss cardisc or respiratory arre	at, Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a Meta	tatu pre	state con	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	Onset and Death
NO	Sequentially list conditions,	b	CONSEQUENCE OF):			
ICAT	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	c				
CERTIFICATION	that initiated events resulting in death) LAST	d	A CONSEQUENCE OF):			
CAL CI	PART II. Other significent condition	a contributing to death b	out not resulting in the	e underlying cause given in	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC					1 YES 2 NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH (C)	neck only one)	
SICI	EXAMINER? 1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	petient 3 DOA 4 D	HER: Nursing Home 5 Residence		
	27. MANNER OF OEATH 1	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d, DEŞCRIBE HOW INJURY OCC	URED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	26s. PLACE OF INJURY building, etc. (Spe	f — At home, farm, street, city)	factory, office	281. LOCATION (Street and Number of City or Town, State)	or Rural Route Number,
COMPLETED	(Crisck only	The same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the s			s to the cause(s) and manner se state to time, data and piace, and due to the	
BE	296. SIGNATURE AND TITLE OF CERTIFIE	R Evan	an	29c. MCENSE NU	MBER 29d. DATE	SIGNEO (Morin, Day, Year)
10	DR. JAMES	EVANS	700 h	IASHING TOI	V BLVD: 1	Ralto, Md 21290
	MAR 13 1990 Ju	32. REGISTRAR'S SIGN he Davidson-Ran			·	

DIVISION OF VITAL RECORDS, P.O. BOX 13149, BALLIMOHE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Aurs after death. Pag is presented by the hospital or attending physician.
TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely miled in by the funeral or control or any or activities to the formal or and the formal or any or activities to the formal or and the formal or any or activities to the formal or any or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the formal or activities to the
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31. DATE FILED (Month, Day, Year)
MAR 13 1990

32. REGISTRAE'S SIGNATURE

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA				IYGIENE REG. NO.	50	0024
	1. DECEDENT'S NAME (First, Middle, Last)	tlev SR	, 1			2. DATE OF MONTH	DEATH 84 9	A8 3. T	IME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I	ly, Year)	Country)	E (State or Foreign
OR	99, FACILITY NAME (II not institution, give at ROUND CARE RO	/ 10	91	11	FILOCATION OF DE		9c. COUNTY	OF DEATH	U.
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	OWN OR LOCATI	ION .				INSIDE CITY UMITS?
	100. STREET AND NUMBER	0.10		101.	ZIP CODE		10g. CITIZEN	OF WHAT	YES 2 NO
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	J.S. ARMED		ENDENT OF HISPAN			RACE - A	merican Indian,
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES			colfy Cuban, Maxican 2 RO Specify		n, atc.)	Specify:	ta, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of work life. Do NOT use n	done during mos		16b. KII	OF BUSINESS/INDUST	TRY	
MPL	Unknown		Furnace	Opera			timore C	Ity	
00	17. FATHER'S NAME (First, Middle, Last) Unknown				18. MOTHER'S NAI		le, Maiden Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	ORESS (Street ar			City or Yown, State, Zip Co.	de)	
5	MArtin Bentle	y, Jr.	4610	CHarle	es Ave.	BAlt	o., MD. 2	1206	
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ramo	20b. F	PLACE OF DISPOSITI	ON (Name of cert	netery, cremetory or		20c. LOCATION — City		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		en HAve		etary D ADDRESS OF FAC	OH ITY	Glen BU	rnie	, MD.
	► 1a/11/a/a	2		Brad.	ley-Ash Willow	ton F	Uneral H ng Rd.Du	ome,	INc. k.Md.212
	23. PART I. Enter the diseasee, or co								Approximate
	IMMEDIATE CAUSE (Final disease or condition	List only one ceuse on eed	en line.	1 6/0	deler	00	GCD F	į	Interval Between Onset and Death
	resulting in death)	DUE TO (OR AS A C	CONSEQUENCE OF):		(M.G.		
CERTIFICATION	Sequentisity list conditions, if sny, lesding to immediate cause, Enter UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE OF):	٧				+	
TIFIC	CAUSE (Diseese or injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF):						
监	resulting in death) LAST	ı							
AL	PART II. Other significent conditions	contributing to death but	t not resulting in	the underlying	cause given in		e. WAS AN AUTOPSY PERFORMED?	AWAI	E AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE DEATH?
MEDIC						_		1 🗆	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26, PL	ACE OF DEATH (Che	eck only one)			
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpat		THER:	e 5 🗆 Residence	8 Other (S	pecify)		
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WO	URY AT RK? 'ES 2 NO	28d. DESCR	IBE HOW INJURY OCCUR	ED	
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY – building, etc. (Specify	- At home, farm, stre	et, factory, office	•	281. LOCATIO	ON (Street and Number or own, State)	Rural Route	Number,
COMPLETED	one)	CIAN: To the best of my knowle R: On the beals of examination						ause(a) and	manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	De	tipo		29c. LICENSE NUN	18ER	29d. DATE 8	GHED (Mor	oth, Day, Year)
2	30 NAME AND ACCRESS OF PERSON WHO	COMPLETED CAMES OF DOM	TH ATEM OT ATO	(-a)	*1				

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	E :	State	Item
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	HOS	FUN	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exan
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	2

31. DATE FILED (Month, Day,

	FOR STATE REGISTRAR		STATE OF I	MARYLAND /		TMENT				MENT	AL HYGIENI REG. NO.	E	,	90 0621
}	1. DECEDENT'S NAME (First,	cul	N.		Ba	in				2. DAT	TE OF DEATH		YEAR 990	3. TIME OF DEATH 2.35 A, M,
	4. soofal security number 220-05-916		5. SEX	6. AGE (In yrs. les	YRS.	IF UNDER	DAYS	HOURS	MIN.		E OF BIRTH rith, Day, Year)	03	8. BIRTH Countr	PLACE (State or Foreign (Y) (L) (S) (A)
OR	Pickersg:	i.11	treet and number)				OWSC	DR LOCATI	ON OF DE	EATH /			NTY OF D	more
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	ltimore			Y, TOWN		rion						10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER	bout A					10	1. ZIP COD				10g. CITI	ZEN OF V	WHAT COUNTRY?
BY FUNERAL	615 Chest 11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	Married	12. WAS DECEDEN	T EVER IN U.S. AR			If yes, sp	CENDENT (OF HISPAN	n, Puert	ain? (Specify Yea o Rican, etc.)	or No—	Biaci	E – American Indian, k, White, etc.
COMPLETED		EDENT'S EDU(y highest grade 1-12)		+) (G	ive kind of Do NOT u	work done se retired.)	during m	ost of world			66. KIND OF BUS	iness/inc		ice
BE CON	17. FATHER'S NAME (First, M	y 1	Bull						50	tell	, Middle, Malden	100	4	
2	19a. INFORMANT'S NAME / Pickersgill					as 1	-	and Numbe	r or Rural	Route Nu	imber, City or Town	n, State, Zip	Code)	
	20a. METHOD OF DISPOSIT 1 Burial 2 Cramatic 4 Donation	n 3 🗆 Rem	oval from State	20b. PLACE					12/9	90		alto.		The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
	21. SIGNATURE OF FUNERA	SEMICELE	Llas	lu h	-			Tows			O York ral Hor)4
	23. PART i. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fallure.	List only one can	et caused the deuse on each line	-80k	ma	the me	ode of dy	ring, suc	h ss ca	ardisc or respi	ratory sn	rest,	Approximate interval Between Onset and Death
ATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY	diate ING	DUE TO	O OR AS A CONSE	OUENCE C		i.c.	~						I wk.
CERTIFICATION	CAUSE (Disease or injuthat initiated events resulting in death) LAS		d. ASC	OF AS A CONSE							_			YRS.
PHYSICIAN: MEDICAL CI	PART II. Other significa	nt condition	e contributing to	death but not	resulting	in the u	nderlyir	g cause	given in	Part I.	24a. WAS AN PERFOR 1 TYES 2	MED?	246	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIAN	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 N NO	O MEDICAL	HOSPITAL:			OTHE	R:	LACE OF I					l	
	27. MANNER OF DEATH	Pending	28a. DATE O	FINJURY Day, Year)	28b. TII	-	28c. IN	JURY AT	NO NO	_	ther (Specify) DESCRIBE HOW I	NJURY OC	CURED	
TED BY	2 Accident 3 Suicide 6 4 Homicide	Investigation Could not be determined	26e. PLACE (OF INJURY — At he atc. (Specify)	ome, farm,	street, fac					OCATION (Street a lty or Town, State)		r or Rural	Route Number,
COMPLET	one)		ICIAN: To the best of											a) and manner as stated.
H	296 SIGNATURE AND TITLE	OF CERTIFIE	R MI	>				29c. LIC	ENSE NU	MBER DE	3	29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS O	LLPS	MD	GIS V	M 27) (Typ	e, Print)	TNU	TA	Æ,	TE	NOSON	, NJ	D 2	Morth, Day, Veal) 10/90 ZIZOLI

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely to be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation
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IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neutlined at access

E STRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I		GIENE	
T'S NAME (First, Middle, Last)		2. DATE OF DE	EATH DAY	YE
MINNIE CONST	ANCE BRUNO	3	6	20

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL	HYGIENE	E		
	1. DECEDENT'S NAME (First, Middle, Las	0					OF DEATH			I. TIME OF DEATH
	MINNIE COM	NSTANCE BRUNO				MONTH 3	G		(EAR	M
ì	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH , Day, Year)	8.	BIRTHPI Country)	ACE (State or Foreign
	213-52-4781 9e. FACILITY NAME (If not institution, give	1 □ M 3 TF	80 YRS.		R LOCATION OF DE	5-15	-1909	9c, COUNT	NE	W JERSEY
5	FRANCIS SCOTT				MORE CI			SE, COUNT	T OF DEA	un.
֝֞֞֝֞֝֟֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡	RESIDENCE OF DECEDENT 10a, STATE 10b, COUN	ITY	t0c, CITY, T	OWN OR LOCAT	ION				1	od. INSIDE CITY
חואפריוט	MARYLAND I	BALTIMORE			EDGEMER	E			1	LIMITS?
7	10e. STREET AND NUMBER			10f	ZIP CODE					AT COUNTRY?
FUNEHAL	8902 WISE AVENUE	E EXT. 12. WAS DECEDENT EVER I	NIIS ARMED	13 WAS DEC	21219 ENDENT OF HISPAN		2 (Specify Vee		J.S.Z	American Indien,
10	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 TYES	2 370	If yes, spe	city Cuban, Mexica	n, Puerlo R		or no-	Black, Specify:	White, etc.
FIED	15. DECEDENT'S EI (Specify only highest gra	ide completed)	18e. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during mo	IN st of working	t6b.	KIND OF BUS	INESS/INDUS	TRY	
4.1	8TH GRADE	College (1-4 or 5+) N/A	HOME	MAKER			OWN	HOME		
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, N	fiddle, Maiden	Surname)		· · · · · · · · · · · · · · · · · · ·
G	SAMUEL FARAINO						NGELI)
2	**MARY B. LASKEY			UNNY L	nd Number or Rural I					21219
	20e. METHOD OF DISPOSITION	20	b. PLACE OF DISPOSITI			LI TIAN	20c. LOC	CATION - CH		
	t Burlel 2 □ Cremetion 3 □ Re Donation 5 □ Other (Specify) □		ARDENS OF	FAITH (CEM. 3-9	- 90	BAI	LTIMOI	RE, I	MARYLAND
	21, SIGNATURE OF FUNERAL SERVICE	LICENSEE)		RUCK FUN		HOME (אוות אכ	. דברוו	K TNC
	paso	P. Caro	her.		VISE AVE					1222
	IMMEDIATE CAUSE (Final	er complications that cause e. List only one cause on a		entar tha mo	da of dylng, suc	h as cerd	liec or respi	ratory erres	it,	Approximate interval Between Onset and Death
	disease or condition resulting in death)	SHOCK								1 day
		- SEPSIS	A CONSEQUENCE OF):							Idea
RIFICATION	Sequentially list conditions, if env. leeding to immediate	0.	A CONSEQUENCE OF):							1
3	cause. Enter UNDERLYING CAUSE (Disease or injury	· PNEVING								days
-	that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF):							
2		d								+
A P	PART II. Other significent conditi	ons contributing to death	but not resulting in t	the undarlyin	g cause given in	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC						-	1 YES 2	NO	'	OF DEATH?
						_				
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF OEATH (Ch	eck only on	0)			
PHYSICIAN	t VES 2 NO	1 Ninpetient 2 ER/Out	tpatient 3 DOA 4	☐ Nursing Horr	e 5 🗆 Reeldence			u Himu Adai		
	t Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WC	PRK?	286. OES	CRIBE HOW II	NJUNY OCCU	HEU	
10 0	2 Accident Investigation 3 Suicide 8 Could not 8	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, ferm, stre	et, factory, offic	•	28f. LOC. City	ATION (Street a or Town, State)	and Number o	r Rural Ro	ute Number,
<u> </u>	4 Homicide determined									
COMPLETED	(Check only 1 CERTIFYING PH	YSICIAN: To the best of my know INER: On the basic of examination								and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIF	TIER			29c. LICENSE NU	MBER		29d. DATE	SIGNED (Month, Day, Year)
2	R D D THE W	12 Poluson	Fellow	Jan 1	Meson				-6-5	9
	-	CORMICK C	1940 E4ST	ern 1	AVE. IS	ALTE	MORE	- M	0	21224
	MAR 1 3 1000	32. REGISTRAD'S SIG								

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il examiner must be notified at one	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at and
val.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal,
the funeral director, page 5 should be	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be
er death, Page 6 may be retained by	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Jours after death. Page 6 may be retained by The HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL ON THE HOSPITAL
BALTIMORE, MARYLAN	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATI	E OF MARYLA			OF HEALTH	MENTAL	HYGIENE REG. NO.
_	^	T.	0		2. DATE O	F DEATH

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGI		
	1. DECEDENT'S NAME (First, Middle, Last) IDA E. BISHOP	DA B	1540	P		2. DATE OF DEATH	B SAF	3. TIME OF DEATH
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ron	98. FACILITY NAME (# not institution, give street GOOD SAMARITAN RESIDENCE OF DECEDENT	t and number)			TIMORE	EATH	9c. COUNTY OF	DEATH
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND		10c. CITY	TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER 5127 HILLBURN AVE				21206			F WHAT COUNTRY?
BY FUNE		2. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, ap		NIC ORIGIN? (Specify in, Puerto Rican, etc. y:) BI	ACE — American Indian, ack, White, etc.
LETED		TION mpleted) College (1-4 or 5+)	Ilfe. Do NOT use	ork done during mo			BUSINESS/INDUSTRY	′
BE COMPLET	12 17. FATHER'S NAME (First, Middle, Leet) (UNKNOWN)		CLERK			ME (First, Middle, Ma INKNOWN)	PARTMENT Iden Sumeme)	STURE
TO B	199. INFORMANT'S NAME (Type/Print) JOHN J. BISHOP		5127	HILLBU	IRN AVE.	BALTIMOR	Fown, State, Zip Code) E MD. 212	06
	20s. METHOD OF DISPOSITION 1 □ Burlai 2 √□ Cremation 3 □ Remova 4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	al from State	OREEN MOUN		netery, cremetory or	7.00	BALTIMORE	Town, State
	Dennis a. to	DENNIS CAL		LEON BALT	ARD J. RUCI	(INC. 5305 21214	HARFORD RD	•
	23. PART I. Enter the diseases, or con ahock, or heert feliure. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	GRAM NE	each line.	SEPSI:				Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST		A CONSEQUENCE OF					
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions of	contributing to death	but not resulting in	the underlyin	g cause given in	PER	S AN AUTOPSY REFORMED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN		IOSPITAL:	tpatient 3 DOA	OTHER:	LACE OF DEATH (C)	8 Other (Specify)		
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. IN.	IURY AT DRK? YES 2 NO		OW INJURY OCCURED	
ED	3 Suicide 6 Could not be detarmined	28e, PLACE OF INJUR building, etc. (Spe	Y — At home, farm, s actfy)	treet, factory, offic		261. LOCATION (St City or Town, S	reet and Number or Run State)	al Route Number,
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my known on the basis of examination						ie(s) and manner es stated,
TO BE C	296 SIGNATURE AND TITLE OF CERTIFIER JOSEPH QUIS	7 MP	FATH STEAM OF T	2(1)	29c. LICENSE NU	MBER	≥ 3	ED (Month, Pay, Year)
-		Form An	BRETTAN		5001	LOZH RI	AVON BI	HTO MO 2+23
	MAR 13 1990 Julia	PAREGISTRAR POLICE						

7	N/A	-	2
DALI HIND	ING PHYSICIAN: The law requires that the death certificate be executed with	After this certificate has been signed by the attending physician and completely filled in by the funeral dimensal with the State Dear, or Health and Mental Hygiene prior to burial, cremation, or removal.	marked, or item 23 shows any Injury, or other traumatic event, the medical examiner mu
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IN OF VIAL RECORDS, F.O. DOA 13149,	HYS	ther this certificate has been signed by the attending physician and completely filled in by the eath wirth the State Diet, of Health and Mental Hygiene prior to burial, cremation, or removal.	ed a
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=	2	= 0	=

by the hospital or attending physician. be detected for use as the burishtransit permit. Pages 1, 2, 3 should

(YLAND 21203-3146

	FOR STATE REGISTRAR		STATE OF I	MARYLA	AND / D	DEPAR RTIF	TMENT	OF H	IEALTH DEA	AND I	MEN	TAL HYGIEN	_		
1	1. DECEDENT'S NAME (First,	Middle, Lest)										ATE OF DEATH	AY	YEAR	3. TIME OF DEATH
	J(OHN	Robert	BY	ARD						M	ARCH 8,) "	10:55p м
	4. SOCIAL SECURITY NUMB 218-09-584		5. SEX	6. AGE (I	in yrs. last b	oirthday) YRS.	IF UNDER	DAYS	IF UNDE	R 24 HRS. MIN.		ATE OF BIRTH	920	8. BIRTI	Maryland
	9a. FACILITY NAME (If not in:		treet and number)				9b. CITY	. TOWN C	OR LOCAT	ION OF DE				JNTY OF D	
DIRECTOR		NS HOP	KINS HOS	PITA	L			LTIN							RE CITY
[[[10a. STATE	10b. COUNT	Y			10c. CIT	Y, TOWN (OR LOCAT	TION						10d. INSIDE CITY
#	Md.		BAltimor	ce					Esse:	X					LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER							101	. ZIP COD	E			10g. CIT	TIZEN OF	WHAT COUNTRY?
BY FUNERAL	307 Mapl	e Ave	•						2	1221				US	A
3	11. MARITAL STATUS		12. WAS DECEDEN									RIGIN? (Specify Ye	a or No-	14. RAC	E — American Indian, ck, White, atc.
F	1 Never Married 2	Married	FORCES?		2 NO	,		If yea, sp 1 YES	ecify Cubi	nn, Maxica Specify		arto Rican, etc.)			White
	3 Widowed 4 Divo	rced	l	WWll					X						WIIICE
COMPLETED		EDENT'S EDU highest grade			16a. DECE (Give	EDENT'S	USUAL O	CCUPATIO	ON ost of work	ing		16b. KIND OF BU	SINESS/IN	DUSTRY	
	Elementary/Secondary (0	-12)	College (1-4 or 5	+)											
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.8	17. FATHER'S NAME (First, MI								18. MOT	HER'S NA	ME (F	irst, Middle, Malder	Surname)		
H	Jacob By											ara Rose			
2	19a, INFORMANT'S NAME (7)				19b.							Number, City or Tov NOTE MA			1221
-	Rella By		_							_	LH				
	20a. METNOD OF DISPOSITI	n 3 🗆 Rem	noval from State	20b.	PLACE OF PLACE HOLL								Altim		
	4 Donetion 5 Other 21, SIGNATURE OF FUNERAL		CENCEE		HOTT	y n				SS OF FA	CILITY		11 611	OIC.	
	A CONTRACTOR	11		1	1.								300M	AceA	ve. 21221
	Conn	elly	Fund	all	You	ne	7	COLILI	CLLY	I GII	C L 0	AT HOME	5001		VC. BILLE
	23. PART I. Enter the di ahock, or he	iseasee,	complications the	at caused	the deal	th. Do	not ente	r the mo	ode of dy	lng, suc	h aa	cerdiac or reap	iratory a	rreat,	Approximata interval Between
	IMMEDIATE CAUSE (Fin		Clar only one co	U39 OII 91	acti iiiie.		Δ			10					Onset and Death
	disease or condition resulting in death)	→	. (0)	NON	nar	7	11	- le	14	1	1/	500 1	2		Imonth
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DUE TO	OR AS A	CONSECU	JENEE O	P: /	-	1	0					11 510
Z	Sequentially list conditi		a My	oca	erdi	a		-r	Ja	ct	701				101
CERTIFICATION	If any, leading to imma-	diata	DUE TO	OR AS A	CONSEQU	JENCE O	F):								
2	cause. Enter UNDERLYI CAUSE (Disease or Inju		C				_								
빌	that initieted events reaulting in deeth) LAS	T	DUE TO	(OR AS A	CONSEQU	JENCE O	F):								
買			d												
1	PART II. Other algnifica	nt condition	na contributing/k	deeth b	ut not re	sulting	in the u	nderiyin	g cause	given in	Part	1. 24a. WAS A	N AUTOPSY	24	b. WERE AUTOPSY FINDINGS
2	Migh	etra	mpl	4+	ws		Ha	108	- te	a 5/0	M	1 TYES	2 2-NO		COMPLETION OF CAUSE
MEDICA		100				1	17	P				1.0.135	6		OF DEATH?
2															
PHYSICIAN:	25. WAS CASE REFERRED TO	O MEDICAL						26. P	LACE OF	DEATH (C	heck o	nly one)			(
Sic	EXAMINER?		HOSPITAL:	☐ ER/Outp	petient 3] DOA	OTHE 4 Nu		ne 6 🗆 F	lesidenca	6 🗆	Other (Specify)			
1	27. MANNER OF QEATH		(26e. DATE O			28b. Til	AE OF		JURY AT		28d	. DESCRIBE HOW	INJURY O	CCURED	
19, 6		Pending Investigation	(MORIDI, I	Day, Year)		ii4	M		YES 2	□ NO					
E 107 E 199	Ca Caulates	Could not be	26a. PLACE	OF INJURY	/ — Al hom	ie, farm,	street, fac	tory, offic	ca		281.	LOCATION (Street		er or Rural	Route Number,
中		detarmined	bunung	, etc. (Spec	city)							City or Town, State	"/		
**	29a. CERTIFIER 1 CERT	TIFYING PNYS	SICIAN: To the best of	of my know	rledge, deat	th occur	red at the	Ilme, data	e and plac	e, end du	lo Ih	ne cause(a) and me	enner as st	ated.	
COMPLETED	(Critical Unity														(a) and manner as stated.
	296. SIGNATURE AND TITLE									CENSE NU					D (Month, Day, Year)
BE	1)(1	1 1	Mans	A	IN	b							>	2/	8/5
5	30. NAME AND ADDRESS O	PERSON WI	HO COMPLETED CM	USE OF DE	ATH (ITEM	27) (Typ	e, Print)				-		1	4	7/16
	1).	1.38	12. H	11+	+	- 1		Ha	101	h =	1	to soite	0		t
	31. DATE FILED (Month, COM	WENT O	32 REGIST	AR'S SIGN	ATURE	2	1	110	arc	ر ٠٠	-	1-11	-		

31. DATE FILED (MONTH), MARY 13 1990 PREGISTER'S SIGNATURE

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an and completely filled in by the trains directory and 5 should for use as the burial-transit permit. Pages 1, 2, 3 should	Pages 1, 2, 3 should	
r to burial, cremation, or removal		
armstic event the medical examiner must be followed at once		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE STATE OF MARYLAND / DEPA	RTMENT OF H		IENTAL HYGIEN	E	00247				
	1. DECEDENT'S NAME (First, Middle, Last) EDWARD J. BLISCHE, SR.			2. DATE OF DEATH DA	"- 9 ^{ve}					
	4. SOCIAL SECURITY NUMBER 3. Sex 1. M 2 F 5. Sex 6. Age (in yrs. leet birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Mooth, Day, Year)	7	HRTHPLACE (Stelle or Foreign Country)				
200	7939 SHIRLEY AVE.		MORE	ATN	BAL	TIMORE				
DINECTOR		ITY, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
LONCONE	7939 SHIRLEY AVE.	101	21P CODE		10g. CITIZEN OF WHAT COUNTRY?					
ומו	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	if yes, sp		IC ORIGIN? (Specify Yea , Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: WHITE				
3	(Specify only highest grade completed) (Give kind of life. Do NOT Elementary/Secondary (0-12) College (1-4 or 5+)	'S USUAL OCCUPATION work done during mo	st of working	16b. KIND OF BUS						
COMPLE	17. FATNER'S NAME (First, Middle, Last)	PRICIA		ME (First, Middle, Maiden		JILEL				
10 05	HMILE BLISCHE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILIN 19b. MAILIN 793	NG ADDRESS (Street a		COOK Joute Number City or Tow	n, State, Zip Coo	21237				
	20s. METNOD OF DISPOSITION 20b. PLACE OF DISP 20b. PLACE OF DISP 20b. PLACE OF DISP 20b. PLACE OF DISP	TANISLAU		20c 10	CATION — CITY	or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		ADDRESS OF FAM	DAVE B	ALTO 1	ME, INC.				
	23. PART I. Emer the diseases, or complications that caused the death. Do shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to for As A CONSEQUENCE	ardio	de of dying, such myo fal	as cardiac or reap	iratory arrest	Approximate interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	g cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		LACE OF DEATH (Ch	eck only one)						
20	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA		e 6 🗆 Residence							
BY PHTSICIAN:	27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 1 □ Natural 6 □ Pending	INJURY W	URY AT ORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED				
1 250, PLACE OF INJURY — Al home, farm, atreet, factory, office 1 261, LOCATION (Street and Number of Rura										
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occur medical EXAMINER: On the best of axamination and/or investigate					suse(s) and manner as stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUI	ABER	29d. DATE SI	GNED (Month, Day, Year)				
D DE	Morin C. Kowalenki us		D210	12	▶ 3-	-13-90				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (7) M.C. KUWA (EVSK) MD									
9	31. DATE FILED (MONTH, Day, 1904) MAR 1 3 1990 Sulin Deviden Mande	L								

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the hospital or attending physician.	e has been signed by the attending physician and completely filled in by the funeral director, the family detached for use as the burial-transit permit. Pages 1. 2. 3 should be not or health and Mental Hydrene prior to burial, cremation, or removal.	illiant once.
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death. Page 6	funeral direc	xaminer m
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 min me mil	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the find within 72 hours after death with the State Dect of Health and Mental Hydrene prior to burlal, cremation, or re-	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be

	1 - FOR STATE REGISTRAR	DF MARYLAN	D / DEPARTM		EALTH AND N DEATH		IENE . NO.			
100	1. DECEDENT'S NAME (First, Middle, Last)		Burk	cett		2. DATE OF DEA	TH DAY - 97	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 1 1 □ M 2	₹ ¥ 8	7 YAS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		0,1902	BIRTHPLACE (State or Foreign Country) Pennsylvan		
OH	Pe. FACILITY NAME (If not institution, give street and numb Regency Nursing Hom		91		teville		Prin	of DEATH		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Prince G	eorges		own on Locat				10d. INSIDE CITY LIMITS? 1 YES 2 4NO		
FUNERAL	100. STREET AND NUMBER 6700 Pine Grove Dr	ive		101.	20746		10g. CITIZEN	10g. CITIZEN OF WHAT COUNTRY?		
BY FUNE	1 Never Married 2 Married FORCES	CEDENT EVER IN U. 7 1 N YES : GIVE WAR OR DATE	2 K No	If yea, spe	ENDENT OF HISPAN acity Cuben, Mexicar 2X NO Specify	, Puerto Rican, at	fy Yes or No— 14.	RACE — American Indian, Black, White, etc. Specify: White		
LEIED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-1.2)	l or 5+)	Ge. DECEDENT'S US (Give kind of work He. Do NOT use re Homemak	done during moderired.)	N st of working		F BUSINESS/INDUS	TRY		
COMPL	17. FATHER'S NAME (First, Middle, Lust) Parker Wilson				16. MOTHER'S NAM	ME (First, Middle, M	taiden Surname)			
TO BE	19a. INFORMANT'S NAME (Type/Print) Mary Gould	Hariett Painter 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, 2 Same as #10						de)		
	20. METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Removal from St 4 Donation 5 Other (Specify)	ete 20b. Pi	LACE OF DISPOSITI	ON (Name of cent	netery, cremetory or ery	20	Bradfor			
	21. SIGNATURE PROPERTY RAL SERVICE LICENSEE				DADDRESS OF FAC S-Pears lingtor		neral Ho 22201	omes		
	a resoluting in watering	e ceuse on each	elevote				CLARICO	Interval Between Onset and Death		
HIIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSCOUENCE OF):								
: MEDICAL CE	PART II. Other eignificant conditions contribut	he underlying	cause given in	P	AS AN AUTOPSY ERFORMED? YES 242 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1							(v)			
	27. MANNER OF DEATH 28a. D	ATE OF INJURY forth, Day, Year)	26b. TIME C	OF 28c. INJ			HOW INJURY OCCUP	DED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	ACE OF INJURY — illding, etc. (Specify)	At home, farm, stre	et, factory, offic		28f. LOCATION (City or Town,	Street and Number or State)	Rural Route Number,		
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the DECEMBER On the be							suse(a) and menner as stated.		
BE	296. SIGNATURE AND TITLE OF CHILDREN	MA			20c. LICENSE NUM	ABER 30	29d. DATE S	IGNED (Month, Day, Year)		
0	39 NAME AND ADDRESS OF PERSON WHO COMPLETE BULLINGS P. ROCK (CUE)	MP 6	(ITEM 27)	ubum	Ct. Cons	m. M.	12070	8		
	31. DATE - A CONT. Day 1900 32. RE	GISTRAR'S SIGNAT		7	10	-	11			

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DIVISION OF VITAL RECORDS, P.O. BOX 13140,	EXCELL	and o	mati
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filing in the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second direction of the second	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical marginal may be no

	1 - STATE REGISTRAR	STATE OF MARYLAN	CERTIFIC			MENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	Rodrar	1	r.		2. DATE OF DEATH		3. TIME OF DEATH A		
			rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0 70	BIRTHPLACE (State or Foreign Country)		
	213-093635 1	M 2 F 7 9	YRS.		R LOCATION OF DE	04 01	9c. CQUNTY	OF DEATH		
OR	BON SECON	estosp.		BAH	1 mora		M	L.		
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY		10c. CIT,Y,	TOWN OR LOCAT	ION			10d. INSIDE CITY		
	ma.		1	10011	none			LIMITS?		
FUNERAL	2 Q 7 COMB	reson Au	6	101	ZIP CODE	723	10g. CITIZEN	OF WNAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U. FORCES? 1 YES	2 X NO	Il yes, spe		IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc. Specify: I ack		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)		6a. DECEDENT'S U: (Give kind of wo life. Do NOT use	rk done during mo-		Monarh				
COM	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Melder				
BE	Unkn 190. INFORMANT'S NAME (Typo/Print)		19b. MAILING A	DDRESS (Street a		ne Single		10)		
2	Helen Bedford					Balto, Mo		.223		
	20a. METHOD OF OISPOSITION 1	from State 20b. P	LACE OF DISPOSIT	m. Pk.	netery, crematory or		dallsto	or Town, State		
	21. SIGNATURE OF THIRMAL SERVICE LICEN			TO NAME AN	D ADDRESS OF FA		Hom			
	23. PART i. Enter the diseases, or conehock, or heart fellure. Lie immediate CAUSE (Finei disease or condition resulting in deeth)	t only one ceuse on each	h line.				•	interval Between		
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Oue to (or as a consequence of): Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Oue to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									
CER	resulting in death) LAST	J. Tul	de fe	e e	/					
CAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO									
WED	CI	elect of a	DO	wag		_		1 TYES 2 NO		
PHYSICIAN:		IOSPITAL:		OTHER:	ACE OF DEATH (Ch	eck only one) 8 Other (Specify)				
PHY	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJ		26d. OESCRIBE HOW	INJURY OCCUR	ED		
BY	Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY —	At home, ferm, str		7ES 2 NO	28I. LOCATION (Street		Rural Route Number,		
TEC	4 Homicide determined	building, etc. (Specify	,			City or Town, State	•)			
COMPLETED	(Oricon bin)	N: To the best of my knowled On the basis of examination e						euse(e) and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Cu.			29c. LICENSE NUI	MBER	29d. DATE SI	GNED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH	H (ITEM 27) (Type, I	Li wille	0804	le. P.Le.	10	hruse wilsog		
	31. DATE FILED (MOTITE DON), 1987 990	STATE DEMOCRAT	Mandell							

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THE THE CHINICALE HAS been signed by the attending physician and compress, most in by the interior process. It		to make a same 95 shows any interest of the framework the medical examiner much
Discount.	,	evamin
and and	or death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	dira
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		FOR STATE REGISTRAR	TATE OF MARYLAND) / DEPARTM				IENE . NO.	
	1	1. OECEDENT'S NAME (First, Middle, Last) AULINE	12	ACK			2. DATE OF OEA MONTH		3. TIME OF OEATH
		4. SOCIAL SECURITY NUMBER S. S		. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Y	ear) C	IRTHPLACE (State or Foreign ountry) MARYLAND
	œ	9s. FACILITY NAME (If not institution, give street a	and number)			ALTIY		9c. COUNTY	
	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	ITAL	10c CITY TO	OWN OR LOCATI		HORE		10d. INSIDE CITY
	_	MD		100 011,11	CIT	Y Bi	ALTIMOR		1 YES 2 NO
	FUNERAL	711 PARK HE	EIGHTS A	YE	101.	2/2/	5	10g. CITIZEN	A. 2.
	BY FUN	1 Never Married 2 Married	WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ZHO		ENDENT OF NISPANIC city Cuban, Mexican, 2 NO Specify:		c.)	RACE — American Indian, Black, Whits, etc. Specify: WHITE
	COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12) Co	ON 16a bloted) bloge (1-4 or 5+)	Give kind of work life. Do NOT use re	done during mos tired.)	N t of working	16b. KIND (GOVERNMEN	
at once.		17. FATHER'S NAME (First, Middle, Last) JOSEPH GILDEN				18. MOTHER'S NAM SARAH	NE (First, Middle, A UNKNOW		-
be notified at once.	TO BE	19e. INFORMANT'S NAME (Type/Print) MR. JEROME MASK			DRESS (Street as		oute Number, City	or Town, State, Zip Cod	.208
		204, METHOD OF DISPOSITION A Burial 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	from State 20b. PL	ACE OF DISPOSITION PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN THE PROPERTY IN		etery, crematory or	2	oc. LOCATION — City ANNAPOL 3	
examiner must		21. SIGNATURE OF FUNERAL SERVICE LICENSI	EE		22. NAME AN SOL	O ADDRESS OF FACE LEVINSON REISTERS	& BROS	S,. INC.	
the medical		23. PART I/Enter the diseases, or companies, or companies, or heart fallure. List	plications that caused the only one cause on each	line.	enter the mod	de of dylng, such	es cardiac or	respiretory arrest,	Approximate Interval Between Onset end Death
event,		resulting in death) a	Massu DUE TO (DR AS A CO)	NSEQUENCE OF					
other traumatic event,	ATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):							
	RTIFICATION	cause. Enter UNDERLYING CAUSE (Discess or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE OF):					
Injury, or	B	d	ontributing to death but r	not resulting in 1	the underlying	ı cause given in F	Part I. 24a. V	WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
апу	EDICAL	D acult	Exacireal	uon	0/ 601	.7	P	ERFORMED? YES 2 - NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23 shows	AN: ME	Θ /κιοριο	1000	cuy					1 YES 2 NO
Hem	SICIA		OSPITAL: Inpatient 2 - ER/Outpatie		THER:	ACE OF DEATH (Che		W/1	
marked, or	PHYSICI	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJ			HOW INJURY OCCUR	ED
28 is ma	TED BY	2 Accident Investigation 3 Suicide S Could not be 4 Nomicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	Al home, farm, stre	et, factory, offic		28f, LOCATION City or Town	(Street and Number or F , State)	Rural Route Number,
If Item	OMPLE	One)	t: To the best of my knowledg						use(s) and manner as stated,
MPORTANT:	BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Lastgiv			29c. LICENSE NUM	IBER	29d. OATE SI	GNEO (Morth, Day, Year) 4 9 U
, =	임	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Pr	rint)		0. 4	- 1	

30. NAME AND ADDRESS OF PERSON

AND PA

31. DATE FILED (Month, Dey, "bear)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospital or attending pl	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by the filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MEDICEALT: 16 Harm 26 to marked or team 23 chairs now fature or other fraumatic event the medical examiner must be notified at nace
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	1 - FOR STATE REGISTRAR	STATE OF M			TMENT OF			MENTA	L HYGIEN REG. NO.	E		40.000
	1. DECEDENT'S NAME (First, Middle, Lest)	BAF	RNI.	142				2. DATE	OF DEATH	- 0	YEAR	3. TIME OF DEATH
STATE STATE	537 00 0.	SEX □ M 2 □ F	6. AGE (In yrs. 89	last birthday) YRS.	IF UNDER 1 YEAR		DER 24 HRS.	(Mont	of BIRTN h, Day, Year) /15/00	8	Country	PLACE (State or Foreign) OMANIA
20	BALTIMORE COUNTY		SP.		9ь. сіту, тоу RANI	OALLS		EATN		9c. COUNT BA		MORE
DIMECTOR	10a. STATE 10b. COUNTY MARYLAND			10c. CIT	Y, TOWN OR LO	TIMC	RE					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
UNEHAL	10e. STREET AND NUMBER 3615 FORDS LA., A	APT. 709)			101. ZIP C	2121	5		10g. CITIZE	N OF W	HAT COUNTRY?
BYF	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT FORCES? 1 IF YES, OIVE W	YES 2		If yes	specify C	iT OF HISPA Juban, Maxica NO Specif	in, Puarto	N? (Specify Yes Rican, etc.)	or No- 1	RACE Black Specifi	- American Indian, White, etc. WHITE
TELED	15. DECEDENT'S EDUCA' (Specify only highest grade co Elamentary/Secondary (0-12)			(Give kind of life. Do NOT u	USUAL OCCUP work done during se retired.) EWIFE	ATION most of w	orking	168	AT	HOME	STRY	
COMPL	17. FATHER'S NAME (First, Middle, Last) UNKNOWN KERNER					18. W		AME (First,	Middle, Malden	Sumame)		
IO BE	19e. INFORMANT'S NAME (Type/Print) MRS. LILLIAN WEK	SLER			FARRII				nber, City or Tow TIMORE			1209
	20s METHOD OF DISPOSITION 2 ABurlel 2 Cremetton 3 Remove 4 Donatton 6 Other (Specify)		other	place)	SITION (Name o	INER	BENEV			CATION — CH		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE 7			SO	L LEV		1 & B	ROS.,		TO.	MD 21215
	23. PART I /Enter the discusses, or conshock, or beart failure. Linding in death)	RES	PIR	ine.	not enter the	mode of	dying, suc	ch as cer	diac or respi			Approximata Interval Between Onset and Daeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PERTENSION CVA, ASCVD 1 YES 2 NO								WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
PHYSICIAN:		HOSPITAL:	FR/Outpatient	3 [] DOA	OTHER:		F DEATH (C	Tell-ser Ser				
	27. MANNER OF DEATN 1 Natural 5 Pending	26a. DATE OF (Month, De	INJURY	28b. TII	WE OF 280 JURY	INJURY A WORK?	î	-	SCRIBE NOW	INJURY OCCU	RED	
IED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e, PLACE Of building,	F INJURY At etc. (Specify)	t home, farm,	street, factory,	office			CATION (Street or Town, State		r Flural F	Route Number,
3 Suicide 6 Could not be detarmined building, etc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.) and manner as stated.				
9	296. SIGNATURE AND TITLE OF CERTIFIER					29c.	LICENSE NU	MBER 7 3 3	3 3	29d. DATE ▶ 3	SIGNEO	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUS	GH ,	RAT		CS-	TOWI	J,	MD	2113.	3.	
	31, DATE FILED (Month, Day, Year)	32. REGISTRA	S'S SIGNATUR	E								

MAR LU 1990 MALALA

NP-242d3-3146

BALTIMORE, MARYL

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL HYGIENI REG. NO.	Ē	90 0625
1. DECEDENT'S AAME (First, Middle, Last)	BAIL	el			2. DATE OF DEATH DA	90	3. TIME OF DEATH 12:33 P M
Section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the sectio	5. SEX 6. AGE (In all lest birthday) (A YRS.	MONTHS DAYS	HOURE MIN.	7. DATE OF BIRTH (Month, Day, Your))5	BIRTHPLACE (State or Foreign Country) Md .
90. FACILITY NAME (If not Institution, give stre Liberty Med. Cer			96. CITY, TOWN	OR LOCATION OF OR	1	9c. COUNTY	OF DEATH
RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY		10c. CIT	TY, TOWN OR LOC	ATION			10d. INSIDE CITY
Md.			Balto.				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 2869 Woodbrook Av	venue		1	01. ZIP CODE 21217		10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS OECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR O	N U.S. ARMEO 2/ NO ATES	If yes,		NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, atc. Specify: Black
15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5 +)		B USUAL OCCUPA work done during r see retired.)		16b. KIND OF BUS		
17. FATHER'S NAME (First, Middle, Last) Ollie Curtis					Cole	Surname)	
190. INFORMANT'S NAME (Typo/Print) Mary Laurey					Balto., Mo		1217
20a. METHOD OF DISPOSITION 1\(\subseteq \text{Burial} \) 2 \(\subseteq \text{Cremation} \) 3 \(\subseteq \text{Remov} \) 4 \(\subseteq \text{Donetion} \) 5 \(\subseteq \text{Other} \((Specify) \)	val from State	NEW C	athedral	emetery, crematory or Cem.	Ba	ltimor	e, Md.
21. SIGNATURE OF FUNDINAL SERVICE LICE	March		22. NAME	AND ADDRESS OF FA	CHLITY LINEUR H A AVE. Z	me 12/1	/
23. PART I. Enter the disease, or or shock, pr heart failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditione, if any, leading to immediate	Due To John As a	tive	Hear	Fair	h ea cardlec or reapl	ratory arreal	t, Approximate Interval Between Onset and Death
cause. Enter UNDERLYING CAUSE (Discess or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O) (P):				
PART II. Other significant conditions	contributing to death t	out not resulting	In the underly	ing cause given in	Part I. 24a. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF CEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	and a DA	OTHER:	PLACE OF DEATH (C)			
27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpetient 2 ER/Out	28b. Til	ME OF 26c. I	ome 5 Residence NJURY AT VORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUP	REO
2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, atc. (Spe	r — At home, farm,			26t. LOCATION (Street in City or Town, State)		Rurel Route Number,
one) MEDICAL EXAMINES	CIAN: To the best of my know						:ause(a) and manner se stated.
296. SIGNATURE AND TITLE OF CERTIFIER	100/			29c. LICENSE NU		29d. DATE S	IIGNEO (Month, Day, Year)

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within Z4 hours after death. Property	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examines in
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	PITA	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	T
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MAR1 3 1990

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
		1. OECEOENT'S NAME (First, Middle, Last)		_				2. DATE OF	OEATH DAY	YEAR 3.	TIME OF DEATH
		W	McLEAI	N BI	NGLEY	y.		3	9 90		11:45 p M
		4. SOCIAL SECURITY NUMBER	Y NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.							B. BIRTHPLA Country)	ACE (State or Foreign
		252-01-1829	1 X M 2 D F	8		JAID DATE	HOURE WIN.	(Month, De	30-08		MD.
1.	. 1	9a. FACILITY NAME (If not institution, give a					R LOCATION OF DE	ATH	9c. COUN	TY OF DEAT	Н
DIRECTOR		Roland Park Pl	ace Med.C	are	Ctr.	Balt	cimore				
E		RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	Υ		10c. CITY, T	OWN OR LOCATI	ION			10-	d. INSIDE CITY
8	BALTIMORE, CITY 1 X YES								LIMITS? YES 2 - NO		
FUNERAL		830 Wi	EST 40th S	STRE	ET		212	218		U.S	.A.
Z		11. MARITAL STATUS	12. WAS DECEMENT EVE	ER IN U.S. A	RMEO		ENDENT OF HISPAN				American Indian, filts, etc.
BY F		1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? Y	PR DATES			NO Specify		n, atc.)	Specify:	WHITE
			1		W II	<u>l</u>					***************************************
		15. DECEDENT'S EDU (Specify only highest grade	completed)		DECEDENT'S USI 'Give kind of work fe. Do NOT use re	done during mos		16b. KII	ID OF BUSINESS/INDU	ISTRY	
1 2		Elementery/Secondary (0-12)	College (1-4 or 5+)				RRD			3 T MO	
COMPLETED		17. FATHER'S NAME (First, Middle, Last)	4	I D	ESIGN	ENGIN			TY OF B	ALTO	•
		CHARLES	MCLEAN H	BING	LEV		CLARA	MART	PTN		
BE		19a. INFORMANT'S NAME (Type/Print)	J HOLDENIK I			DRESS (Street as			City or Town, State, Zip	Code)	
2	:	WILLIAM F. BLU	JE		120 E	EAST B	ALTIMOR	RE ST	BALTO.	MD.2	1202
96	WILLIAM F. BLUE 120 EAST BALTIMORE ST. BALTO. 20e. METHOD OF DISPOSITION 10 Burlet 2 Cremetion 3 Green State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION - C										
Ē		4 Donetion 5 Other (Specify)	IOVAI ITOM State	Other		JDON P.	ARK		BALTIMO	RE,M	D.21229
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4905 YORK ROAD 21212							ר 21212			
a value va	H.W. JENKINS AND SONS CO. BALTO.MD.										
	7	23. PART i. Enter the diseases, or		used the	death. Do not						Approximete
21	- 11										
	- 1		Liet only one ceuse o	on each ili			1.				Interval Between Onset and Death
200	i	IMMEDIATE CAUSE (Final disease or condition	Liet only one ceuse o	Park		10	lesia				
Well, the m		IMMEDIATE CAUSE (Final		Park		0	lisia				Onset and Death
anc event, me menical		IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	OUE TO (OR /	Portas a cons	EOUENCE OF):	10	lesea				Onset and Death
		IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate	OUE TO (OR /	Portas a cons	enson	~ 'p	lesia				Onset and Death
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IOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page "may be retained by the hospital	UNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3, should be detached to	vithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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or attending physician. or use as the burial-transit permit. Pages 1, 2, 3 should TO BE COMPLETED BY FUNERAL DIRECTOR TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that une boson, commented in by the funeral director, (#Bp = 3 should be unacured to THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, from the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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TO BE COMF TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAN	D/	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
			CE	RTIFICATE	O	F DEAT	H		REG. NO.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEI	PARTMENT OF H		MENTAL HYGIEI		
1. DECEDENT'S NAME (First, Middle, Lest)	L. BARNET	H		2, DATE OF DEATH	8 19	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 239-05-1624 98. FABILITY NAME (If not institution, of we as	5. SEX 6. AGE (In yrs. last birth 1 M 2 F YF	RS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month) Day, Year)		BIRTHPLACE (State or Foreign Country) ARAMA
HESIDENCE OF DECEDENT	Am KoAcl	BAH	TMOR		Sc. COUNTY	OF DEATH
106. COUNTY	100	SATIMO	Re		Laisanna	10d. INSIDE CITY LIMITS? 11 TES 2 NO
11. MARITAL STATUS	m Road	0	2/2	IC ORIGIN? (Specify V	115	, RACE — American Indian.
1 D Nover Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 2 1 NO IF YES, GIVE WAR ON DATES	if yes, sp		, Puerto Ricen, etc.)	14.	Black, White, atc. Specify: DIACK
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) (Give kin	ent's usual occupation of work done during mo	ON set of working	16b, KIND OF BI	JSINESS/INDUS	Alexan
PRATHER'S NAME (First, Migdia, Last)	10	KION	18. WITHER'S NA	E (First, Middle, Myllie	Surname)	9
6 PNOVA FIZO	erald 35	LING ADDRESS (Street of	Number of Aural F	Noute Number City or To	wn, State, Zip Co	21201
204. BETHOD OF DISPOSITION 1 of Burlel 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from State	MORE	Motory cremetory or	Em 200ch	ACT OF	or Town State
21. SIGNATURE OF FUNERAL SERVICE LIC	ans pos	MAR LAOI	Shall a	W June	3 JR	H MIZUZG
shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A CONSEQUEN					Interval Between Onset and Death
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUEN DUE TO (OR AS A CONSEQUEN 4.					
PART II. Other significant condition	s contributing to deeth but not resul	iting in the underlyin	g cause given in		N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL		20.0	LACE OF DEATH (Ch			1 7 725 2 7 10
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 D	OTHER:	ne 6, Residence			
27. MANNER OF DEATH 1; Natural 6 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	INJURY WO	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — AI home, if building, etc. (Specify)	farm, street, factory, offic	:•	26f. LOCATION (Stree City or Town, Stat	t and Number or e)	Rural Route Number,
anal	CIAN: To the best of my knowledge, death o R: On the basis of exemination and/or inves					
206 SIGNATURE AND PITLE OF CERTIFIE	me		29c. LICENSE NUI		29d. DATE S ▶ 3/	SIGNED (Month, Day, Year)
MARIE AND ADDRESS OF PERSON WH	UMD. 42	4 n.Bo	R zhr	Reet B	otto a	21205
31. DATE FILED (Month, Day, Year) MAR 1 3 1990	932 REGISTRATIS SIGNATURE Grand Davidson—Mandage	L				

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ithin 24 hours after death. Page 6 may be retained by the hosp	etely filled in by the funeral director, page 5 should be detache emation, or removal.	nt, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he filed within 72 hours after death with the State Debt, of Health and Mental Hyplene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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	1 - STATE OF MARYLAI REGISTRAR	ND / DEPARTMENT OF H CERTIFICATE OF		MENTAL HYGIEN REG. NO					
	BAVAR GUS (GUS BAVAR)	US BAVAR)			3. TIME OF DEATH 8. 15 PM M			
	053 28 9546 1×1200 82	yrs. lest birthday) IF UNDER 1 YEAR YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAY 23,		BIRTHPLACE (State or Foreign Country) PENNSYLVANI			
OR	9a. FACILITY NAME (If not institution, give alreat and number) SINAL HOSPLTAL	86. CITY, TOWN	OR LOCATION OF DE	TRE	9c. COUNTY	OF DEATH			
DIRECTOR	100. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCAL	TION IMDR	B	130	10d. INSIDE CITY LIMITS? 1 YES 2 NO			
	100. STREET AND NUMBER 7111 PARK HEIGHTS	APT. 209 10	f. ZIP CODE	14	10g. CITIZEN	OF WHAT COUNTRY?			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN V FORCES? 1 YES, GIVE WAR OR DATE	2 NO If yes, sp	IMED II. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: Specify:						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	IGE. DECEDENT'S USUAL OCCUPATI (Give kind of work done during me life. Do NOT use retired.) MANAGER &	ost of working	166. KIND OF BU	SINESS/INDUS				
BE CO	17. FATHER'S NAME (First, Middle, Last) MICHAEL BAVAR			ME (First, Middle, Melden BESSIE UNI	Sumame)				
5	190. INFORMANT'S NAME (Typa/Print) MRS. SYLVIA T. BAVAR	7111 PARK HTS			m, State, Zip Co BALTO				
	20e. METHOD OF DISPOSITION 1 P Burlet 2 Cremetton 3 Removal from State 4 Donetton 5 Other (Specify)		or Town, State RSTOWN, MD						
	21. BIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY BROS, INC. SOL LEVINSON & BROS, INC. 6010 REISTERSTOWN RD. BALTO., MD 21215								
	23-PART i. Enter the disease, of complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in desth) OUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentisity list conditions, if any, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. ANTER(OR WALL INFARCTION DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.								
MEDICAL	PART II. Other significant conditions contributing to death but Berngy provide by p	t not resulting in the underlying	ng ceuse given in	PERFO	PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINAL ABLE PRIOR TO COMPLETION DF CA OF DEATH? 1 YES 2 NO 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 In Inpatient 2 ER/Outpet	OTHER:	PLACE OF DEATH (CA						
PHYS	27. MANNER OF OEATH / 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. IN INJURY W	JURY AT ORK?	8 Other (Specify) 28d. DESCRIBE NOW	INJURY OCCUP	RED			
ED BY	2 Accident Investigation	- At home, farm, street, factory, offi	YES 2 NO	281. LOCATION (Street City or Town, State		Rural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowle one) 2 MEDICAL EXAMINER: On the basis of examination								
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year).				
TO	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT BEHR INGER		PUTAL	_		1-1			
	31. DATE FILED (Month, Dey, 1988). MAR 13 1990 4	te				-			

DHMH-16 Rev 1/89

		FOR
1	_	STATE
	_	REGISTRAR

1 - STATE REGISTRAR	SINIE UF MINNTLAN	CERTIFIC		F DEATH	4	REG	S. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	0.001.101				2.1	DATE OF OE	ATN 3/	12/90) 3	. TIME OF DEATH
VIOLA B	BROWN	(Viola	B. Bro	own)	- (53	12	. 9	0	4.51(AM
4. SOCIAL SECURITY NUMBER	pageth,		F UNDER 1 YEA		HRS. 7. E	Month, Dey, Y	TH (bar)	34 "	BIRTNPL Country)	ACE (State or Foreign
301301449	1 M 2 X F 5	S YAS.				3 1				tucky
9a. FACILITY NAME (If not institution, give		9	b. CITY, TOW	N OR LOCATION		1	9	e. COUNT	Y OF DEA	тн
Harbor Hospital	Center			Baltimo	ore			Ва	ltir	nore City
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	ГҮ	10c. CITY,	TOWN OR LO	CATION			-		1	Od. INSIDE CITY
Maryland Ani	ne Arundel			Pas	saden	а			1	LIMITS?
10e. STREET AND NUMBER				101. ZIP CODE	Juu CII		1	log. CITIZE	N OF WN	AT COUNTRY?
754 Duvall Hwy	7 •			21	1122		- Iı	Unite	d St	tates
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.			DECENDENT OF				No- 14	RACE -	- American Indian, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES :	2 XX 10 :8		specify Cuban, (ES 2)(NO		ierto Hican, a	HC.}		Specify:	CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE
15. DECEDENT'S ED (Specify only highest grad		Ba. DECEDENT'S US (Give kind of wor				16b. KINO (OF BUSIN	ESS/INDUS	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT use I	retired.)	The distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the distriction of the districti					1 0	
10		Custod	lan						I Co	ounty Gov't
17. FATHER'S NAME (First, Middle, Last) Omar		McClain			rs name (/ thel	First, Middle, I	Maiden Sur	rname)	Co1d	liron
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Stre	et and Number or	Rural Route	Number, City	or Town, 5	State, Zip C		122011
Diana D. Lambert	t e	Box 5	52, Le	vels, V	West	Virgin	nia,	2543	31	
20s. METHOD OF DISPOSITION	20b. Pf	LACE OF DISPOSIT	ION (Name of	cemetery, cremate	ory or	2	Oc. LOCAT	TION - CI	y or Town	n, State
4 Donation 5 Other (Specify)	NOVEL FIGHT STATE		Chape	1 Cemet	tery		J	Level	s. V	V.Va.
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			AND ADDRESS			-	-		
Stroly 19	Lillerman			Cully Full Mount						21122
23. PART I. Enter the diseases, or	complications that caused the	he death. Do not								Approximate
ahock, or heert failure IMMEDIATE CAUSE (Final	. List only one cause on each	h line.								Interval Between Onset and Deeth
disease or condition	METAST	ATIC	G7	ALL	BLF	ADDE	R	CAN	JCE	2
reaulting in deeth)	DUE TO (OR AS A CO									7
	. JAUI	NDICE								
Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF):								
cause. Enter UNDERLYING CAUSE (Disease or injury	c									
that initiated events resulting in death) LAST	OUE TO (OR AS A CO	ONSEQUENCE OF):								
	d									
PART II. Other algolficant condition	one contributing to death but	not resulting in	the underl	ying ceuse glv	ven in Part		MAS AN AU			VERE AUTOPSY FINDINGS
							YES 2		(COMPLETION OF CAUSE OF DEATH?
										YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				B. PLACE OF OEA	TN (Check o	only one)				
1 TES 2 NO	HOSPITAL:		OTHER:	Nome 5 - Real	denca S	Other (Spec	tfy)			
27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY	INJURY AT WORK?		d. DESCRIBE	HOW INJ	URY OCCU	RED	
Accident Investigation 3 Suicide s Could not be	28e, PLACE OF INJURY -	At home, ferm, atr				I. LOCATION City or Town	(Street and	d Number o	r Rurel Ro	ute Number,
4 Nomicide datarmined 29a. CERTIFIER 1 CERTIFYING PNY	SICIAN: To the best of my knowled	los, death occurred	at the time	data and place a	and due to ti	he cause(a) s	and manne	er en stater		
(Check only	NER: On the basis of examination a									and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIC	en adda	House	sted Nico	29c. LICEN	ISE NUMBER	4	1	≥3d, DATE	SIGNED (Mgrith, Day, Year)
30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE OF DEATH	H (ITEM 27) (Type, F	PD P	HOSP	ITA	Con	THE	P		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATI		24/	110011	1170	UE!	V/-/			
MAD 1 2 1000 4	di Kinder Back									
L MAU TO 1220 3	Sand Same all									

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a yours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunla-transit permit. Pure filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunlal. cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Ray 1/89

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be filled with	IMPORTA

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

							90	0625
1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM	ENT OF H	EALTH AND	MENTAL HYGIEI			
1. DECEDENT'S NAME (First, Middle, Last)	Baldwine			4	2. DATE OF DEATN	DAY YE	AR /	OF DEATH
4. SOCIAL SECURITY NUMBER	ter		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTNPLACE (Country)	77
99. FACILITY NAME (If not Institution, give st	treet and number)	96	CITY, TOWN C	OR LOCATION OF D		9c. COUNTY	OF DEATH	1 CATOUNG
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c CITY, TO	OWN OR LOCAT	ION			LIJ	SIDE CITY
100. STREET AND NUMBER	mark Rue	_ º a		ZIP CODE	22	10g. CITIZEN	OF WHAT CO	ES 2 NO
11. MARITAL STATUS 1 Never Married 2 Married 3XXWidowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES IF YES, GIVE WAR OR DATE	K 23 N/O	If yes, sp		NIC ORIGIN? (Specify Young, Puarto Rican, atc.)	pa or No.— 14.	RACE — Ame Black, White, Specify:	rican Indian, atc.
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of work life. Do NOT use re HOUS	done during mo	ON st of working	18b. KIND OF BU	JSINESS/INDUST	FRY	
17. FATHER'S NAME (First, Middle, Lest) WILLIAM M. ROZILER 18. MOTNER'S NAME (First, Middle, Melden Surneme) MARY COUNCIL								
19a. INFORMANT'S NAME (Type/Print) NOEL BARNES		2 5 4 2	DRESS (Street &	nd Number or Rural	Route Number, City or to	wn, State, Zip Co.	23)	
20s. METNOD OF DISPOSITION 1 Direction 2 Cremetion 3 Remote 4 Donation 8 Other (Specify)	nual from State 0/	LACE OF DISPOSITION PROPERTY LAND				UREL,		
21. SIGNATURE OF FUNERAL SERVICE LIC	tte K.C	Jenes		N / THOMI	PSON F.H.	P.0	. BOX	4433
23. PART I. Enter the diseases, or c shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Acute	ne death. Do not in line. My DONSEQUENCE OF):	enter the mo	de of dying, suc	nfare	ALL S	- In	pproximste starval Batween inset and Death
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST	DUE TO (OR AS A CO		neti	CA	earte	disc	re	
PART Is Other significant condition	_ /	not resulting in t	he underlyln	g cause given in		N AUTOPSY DRMED?	AMAILAE COMPLI OF DEA	LUTOPSY FINDINGS BLE PRIOR TO ETION DF CAUSE TH? ES 2 \(\square\) NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	LACE OF DEATN (C	heck only one) 6 Other (Specify)			
27. MANNER OF DEATN 1 Netural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	r wo	ORK? YES 2 NO	28d. DESCRIBE NOW	INJURY OCCUR	ED	
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, street	et, factory, offic	ia .	281. LOCATION (Stree City or Town, Stat		Rural Route Nul	nber,

29a. CERTIFIER (Check only one) 29d. DATE SIGNED (Month, Day, Year) MA

1 🖹 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated

DEATN (ITEM 27) (Type, Print) AMB AND

31. DATE FILED (Month, Day

DNMN-18 Rev 1/89

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF					MENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) SAMUEL A	. BREVA	ARD					2. DATE OF DEATH) ⁴	90 ^{MEAR}	3. TIME OF DEATH 7 45PM M	
	240 14 4644	6. SEX 1 M 2 F 75 75 8. AGE (in yrs. last birthdey) 1 F UNDER 1 YEAR 1 F UNDER 24 MRS. 7 DATE OF BIRTH (Month, Dey. No. 11 1 15							14	8. BIRTH Countr		
OR	96. FACILITY NAME (If not institution, give street of PRINCE GEORGES		ENTER		, town o	R LOCATIO	ON OF DE					
DIRECTOR	100. STATE 10b. COUNTY Md .	10b. COUNTY 10							10d. INSIDE CITY LIMITS? 1 🔯 YES 2 🗌 NO			
	10e. STREET AND NUMBER				101.	ZIP CODI			10g. CITI		WHAT COUNTRY?	
FUNERAL	1303 Dunbar Oaks D: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A			13	WAS DEC	207		IIC ORIGIN? (Specify Yee	or No		S.A.	
B	1 Never Merried 2 Merried 3 Wildowed 4 Divorced 1 YES, GIVE WAR OR DATES			If yes, specify Cuben, Mexican, Puerto Rican, a 1 YES 2 NO Specify:			n, Puerto Ricen, etc.)		Speci	E — American Indian, k, White, atc. #y: Black		
TED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	pleted)	18e. DECEDENT'S (Give kind of title). Do NOT us	USUAL O	CCUPATIO	N st of worldn	9	18b. KIND OF BUS				
COMPLETED	Elementary/Secondery (0-12) Co	ollege (1-4 or 5+)	Car					Const	ruct	cion		
	17. FATHER'S NAME (First, Middle, Last)	D D.				18. MOTI		ME (First, Middle, Maiden				
TO BE	19a. INFORMANT'S NAME (Type/Print)	ry B. Bre		AOORES	S (Street a	nd Number		Route Number, City or Tow		Code)		
F	Dolores P. Breva			e as								
4 (2) Build A D Competter A D Competter A D Competter Competer									Ladensburg, Md.			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		22	NAME AN	D ADDRE	DE OF EAC	<u> </u>				
	Jany M	. Seat	<i>C</i>					ighs Ave.				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or reepiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition. Acute Exfensive My ucuy dial Infunction Onset and Death											
	disease or condition resulting in deeth) But to condition as a consequence of: Congertive Resert failure.											
NO	Sequentially list conditions, b	Congelt DUE TO OR AS A	CONSEQUENCE O	luca	Mr.	fa	441	VQ.				
CATI	If any, leading to immediate cause. Enter UNDERLYING	Huperk	usive	H	cur	+ 2	rse	este.				
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST DIE TO (OR AS A CONSEQUENCE OF): DIE TO (OR AS A CONSEQUENCE OF): DIE TO (OR AS A CONSEQUENCE OF): LIMITED TO (OR AS A CONSEQUENCE OF): LIMITED TO (OR AS A CONSEQUENCE OF):											
S	PART II. Other aignificent conditions co								-	244	. WERE AUTOPSY FINDINGS	
ICAL	@ Imastmolin	4 Dane	he N	en	OP	n /	4	PERFOI	RMED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC	Retinoputny	mal	Ner	h	Opa	they	0	<i>*</i>	- Zino		OF DEATH? 1 YES 2 NO	
¥ (25. WAS CASE REFERRED TO MEDICAL	dueto	14960	ana	26 Pi	ACE OF O	FATH (Ch	eck only one)				
PHYSICIAN:		OSPITAL:	atient 3 DOA	OTHE 4 Nu	R:			8 Other (Specify)				
ву РНУ	27. MANNES OF DEATH 1 Natural 5 Pending 2 Accident Investigation	25e. DATE OF INJURY (Month, Day, Year)	28b. Till IN	ME OF JURY M		URY AT PRK? YES 2] NO	28d. OEŞCRIBE HOW	NJURY OC	CUREO		
	3 Suicide 8 Could not be 4 Homicide determined	25e. PLACE OF INJURY building, atc. (Spec	— At home, farm,	street, fac	tory, offic	•		281. LOCATION (Street City or Town, State)	end Number	r or Rural :	Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O										a) and menner as stated.	
BE	296. SIGNATURE AND TITLE OF GERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO DY S. R. U. DAPI,	n mo A	Hendin	9 Pl	4511	29c. LIC	D2	1200	29d. DAT	3 ((Month, pay, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DE	ATH (ITEM 27) (Type	e, Print)	rRe	el.	CH	EUGOLY	e, m	09	2785	
	31. DATE FILED (MONTH, Day, Year) MAR 1 3 1990 State	32. REGISTRAR'S SIGN.	ATURE									

uched for use as the burial-transit permit. Pages 1, 2, 3 should tospital or attending physician. ND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, I DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT; If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - FOR STATE REGISTRAR	\$	STATE OF MARY				HEALTH AND I	MENTA	L HYGIENI	E		
1. DECEDENT'S NAME (First,			<u> </u>		TE OI	DEATH	MONT	OF DEATH		YEAR	TIME OF DEATH
THEODORE U.			E (In yrs. last bi		IDER 1 YEAR	IF UNDER 24 HRS.	0.3	OF BIRTH		90	6:33 PM NCE (State or Foreign
219 07 9941	17/	∑ M 2 □ F	70	YRS. MONT	HS DAYS	HOURS MIN.	(Mon	3-05-20		WEST	VIRGINIA
9a. FACILITY NAME (If not inst VA MEDICAL (CENTER	and number)				OR LOCATION OF DE	EATH			TY OF DEAT	
10a. STATE	10b. COUNTY		1	loc. CITY, TOV	VN OR LOCA	ATION					d. INSIDE CITY LIMITS?
MARYLAND 100, STREET AND NUMBER	BALTIMO	ORE			10	Of, ZIP CODE			10a, CITIZ		T COUNTRY?
9206 NORTH I	POINT RO)AD				21052			USA		
11. MARITAL STATUS 1 Never Married 2 X 0 3 Wildowed 4 Divor	Married 12.	. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	D	13. WAS DE	CENDENT OF HISPAP specify Cuben, Mexice is 2 NO Specify	in, Puerto			14. RACE -	American Indian, thite, etc. WHITE
15. DECE (Specify only	DENT'S EDUCATION TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPER	ON poleted)	(Give	DENT'S USUA	one during m	TION nost of working	16	b. KIND OF BUS	INESS/INDU	JSTRY	
Elementary/Secondary (0- 12 YEARS	12) C	ollege (1-4 or 5+)	He. Do	ICEMAI	ed.)	•	I	POLICE	DEPAR	RTMENT	ſ
17. FATHER'S NAME (First, Mic	,					18. MOTHER'S NA			Surneme)		
ALONZO MC CE			1			RUTH					
MRS. ELIZAE		CROBIE				end Number or Rural					4D. 21052
20s. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 4 Donation 5 Other	ON 3 G Removal	12	Ob. PLACE OF	DISPOSITION	(Name of c	emetery, crematory or MORIAL		20c. LOC	CATION — C	ORE N	State
24-SIGNATURE OF FUNERAL			12.100			OROWSKI					
thomas d	4 x	Langer	a de			FLEET					MARYLAN
In the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec	art fallure. List al a ons, liste	ADVANCED DUE TO (OR AS DUE TO (OR AS	COPD S A CONSEQUE S A CONSEQUE	ENCE OF):	nter tha m	ode of dying, auc	ch as car	rdiac or reepi	ratory arre	eat,	Approximata Interval Between Onset and Death 5 YEARS
CAUSE (Disease or Injur that initiated events resulting in death) LAST	ν 5	MALNUTRI DUE TO (OR AS		ENCE OF):							
PART II. Other algnification	conditiona c	ontributing to deeth	but not res	ulting in th	e underlyl	ng cause given in	Part I.	24a. WAS AN PERFOR	MED?	AA CI	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO					28.	PLACE OF DEATH (C)	heck only (one)			
EXAMINER?	1 f	OSPITAL: Xinpetient 2 - ER/O	utpatient 3 🗆	DOA 4	HER: Nursing Ho	ome 5 🗆 Residence	8 🗆 Ott	ner (Specify)			
	Pending nvestigation	26e. DATE OF INJUR (Month, Dey, Yea	7)	20b, TIME OF INJURY	M 1 [NJURY AT VORK? YES 2 NO	28d. DI	EŞCRIBE HOW II	NJURY OCC	URED	
3 Suicide e 🗆	Could not be setermined	28e. PLACE OF INJU building, etc. (S	RY — At home pecify)	, ferm, street	factory, off	fice		CATION (Street e y or Town, State)	and Number	or Rurel Rou	te Number,
enel only		N: To the best of my kn									nd manner as stated.
29b. SIGNATURE AND TITLE	OF CERTIFIER	lugue, m	1.6.			29c, LICENSE NU		9	29d. DATE	SIGNED (1/90
30. NAME AND ADDRESS OF AUGUSTIN CHYU	PERSON WHO C	VA MEDICA	AL CEN	TER. F		HOWARD, M	ARYT	AND 2	1052	,	
31. DATE FMARITON	199n	32 REGISTRARYS SI	GNA TE								

TO BE COMPLETED BY FUNERAL DIRECTOR

death. Part of may be retained by the hospital or attending physician.	funeral metry and 5 proud to entriched for use as the burial-transit permit. Pages 1, 2, 3 should	examiner must be notified at once.
aw requires that the death certificate be executed within	s been signed by the attending physician and completely filled in by the	ppr. of nearth and mental hygrens prior to burka, demandon, or removal. 3 shows any injury, or other traumatic event, the medical exami
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law	TO THE FUNERAL DIRECTOR: After this certificate has	be filed within 72 hours after death with the state Liebt. Of health all IMPORTANT: If them 28 is marked, or them 23 shows any

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		STATE OF I	MARYL			TMENT				MEN'	TAL HYGIEN) (00200	
1. DECEDENT'S NAME (First, M	fiddle, Last) of										TE OF DEATH			3. TIME OF DEATH	
EVANGELINE		REN	IEE'		(CASTL	E				RCH 10	1990	YEAR	2:40 P M	
4. SOCIAL SECURITY NUMBER	R	5. SEX		(In yrs. lest		IF UNDER	_	IF UNDER	24 HRS.	7. DA	TE OF BIRTH		8. BIRTI	HPLACE (State or Foreign	
217-40-0014		1 □ M 2 🂢 F		+7	YRS.	MONTHS	DAYS	HOURS	MIN.	DE	C. 31	1942	Count M:	Maryland	
9a. FACILITY NAME (If not instit	itution, give st	reet and number)		,		9b. CITY,	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF							7	
Joseph Ritch													more		
RESIDENCE OF DECE		Бртее				Da	1 (1)	more	OI C	<u> </u>		Das	CIM	JIE	
	10b. COUNTY					Y, TOWN O								10d. INSIDE CITY LIMITS?	
Maryland	An	ne Arund	lel		N	ille						,		1 TES 2 X NO	
10e. STREET AND NUMBER							101	f. ZIP COD				10g. CIT	ZEN OF	WHAT COUNTRY?	
493 Kenora D	rive							2110				US			
11. MARITAL STATUS 1 Never Married 2 XM	0000	12. WAS DECEDEN FORCES? 1	T EVER I	N U.S. ARI	MED						GIN? (Specify Yer to Rican, etc.)	s or No	14. RAC Blac	E — American Indian, k, White, etc.	
3 Widowed 4 Divorce		IF YES, GIVE V	WAR OR D	ATES				2 XNO					Spec		
	DENT'S EDUC	ATION .				USUAL OC				_				White	
(Specify only h	nighest grade	completed)		(Gh	ve kind of a	work done of retired.)	luring mo	ost of worki	ng		16b. KIND OF BU	SINESS/INL	DUSTRY		
Elementary/Secondary (0-12	2)	None	+)	l .	omema						Own H	Ome			
17. FATHER'S NAME (First, Midd	ello I onth	None		110	/IIICIIIC	inci		T							
Edward	ure, casty			Rai	111y			1 5 5	ildr		st, Middle, Maiden	M .		Hobson	
19a. INFORMANT'S NAME (Type	na/Print1					ADDRESS	/Ctennel				lumber, City or Tox			пореди	
- CO. S. C. S. S. S. S. S. S. S. S. S. S. S. S. S.		0	. 1						or Hurar	PIDUIS N	lumber, City or low	m, State, Za	Code)		
Joseph	P.	Cast		_		ame	_		matan, as		200 10	CATION —	City on T	Distance Charles	
1X Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (S	3 Bame	oval from Stata	200	other pla	ice)	ren M				1.					
21, SIGNATURE OF FUNERAL		ENSEF	,	Grei	i nav			ND ADDRE				en bu	ILUT	e, Maryland	
90 11		01/	/								L HOME				
n. N.	eorg	e Hop	kin	~		1	SEC	OND A	AVE.	S.	W., GLE			, MD 21061	
23. PART I. Enter the disc	eases, Dr c	complications the	t ceuse	d the de	eth. Do i	not enter	the mo	ode of dy	ing, suc	h es c	ardiec or resp	iratory sn	rest,	Approximete interval Between	
IMMEDIATE CAUSE (Fine		Liet only one cs	196 OII 6	ecn mie.										Onset and Death	
diseese or condition resulting in deeth)	•														
resulting in deetin)		DUE TO	LION-AS	A CONSEC	UENCE 9	h:		1		/					
		. /	de	1108	Vati	044	5	400	257					Zimos.	
Sequentisity iist condition	ns,		(OR AS	CONSEC	UENCE O	Pi (_	1								
cause. Enter UNDERLYIN CAUSE (Disease or Injury		a	pro	EDV	al	6	10	MG	-					Zimos.	
that initieted events		DUE TO	(OR AS	A CONSEC	UENCE O	F):	. 5							100.15	
resulting In desth) LAST		d. 91	(0 K	olas	00%	ua.								10mos	
PART il. Other significent	t condition	s contributing to	death I	out not n	esuiting	In the un	derivin	C ceuse	given in	Part I	. 24a. WAS AF	N AUTOPSY	24	b. WERE AUTOPSY FINDINGS	
											PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
											1 TYES	2 NO		OF DEATH?	
														1 YES 2 NO	
25. WAS CASE REFERRED TO	MEDICAL						24 5	LACE OF	DE ATH AC	hank a-	h anel				
EXAMINER?	EGIONE	HOSPITAL:	7			OTHER	1 :	LACE OF I				1/~	1 -	0	
27. MANNER OF DEATH		1 inpatient 2		patient 3	26b. TIM			JURY AT	asidence	T	Other (Specify) &	111100	ECURED	X5	
1 Natural 5 P	ending		Day, Year)		IN.	JURY	W	YES 2	¬ NO	20d.	DESCRIBE HOW	INSUNT 9	CURED		
- Constitution	vestigation	26s. PLACE	OF IN HIE	7 At he					NO	004	LOCATION (Street	d Marsh	0	Post Number	
	ould not be etermined	building	, atc. (Spe	clfy)	117W, TWITTI,	atieet, mici	ory, orne				City or Town, State		r or nurai	rioute Number,	
29a. CERTIFIER															
(Check only		CIAN: To the best o													
2 MEDIC	AL EXAMINE	R: On the basis of	examination	on and/or I	nvestigatio	on, in my o	pinion,	death occu	ired at the	e time,	data and place, a	nd dua to t	he cause	(a) and menner as stated.	
296. SIGNATURE AND TITLE O	DE CERTIFIE			1	10			29c. LIC	ENSE NU	MBER	a	29d, DA	E SIGNE	O (Month, Day, Year)	
30. NAME AND ADDRESS OF I	PERSON WH	O COMPLETEO CAL	SE OF D	EATH (ITE	M 27) (Type	, Print)		100	080	10	-1 =		37	270.	
Robert 31. DATE FILES OF PAY D	C.	Irw	IN	M	D	3 >5	ア人	1.E	uta	W	57. K	Salt	SA	182001	
MAR 13	1990	3 registr		XIII TO	ACC DATE										

SALE TO ROOM TO SELECT MANAGE

BALTIMORE, MARYLAND 21203-3146	er death, Page committee by the hospital or attending physician. the funeral directions are all out to detached for use as the burial-transit permit. Pages 1, 2, 3 should be assumed to the control of the committee must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page in the pospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directions and completely filled in by the funeral directions. The filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If tem 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

31. DATE FILED (Morith, Day, Year)
MAR 1 3 1990

32. REGISTRAR'S SIGNATURE

									U	0020.
	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR				MENTAL HYGIE	_		
1	1. OECEDENT'S NAME (First, Middle, Last)	John Sylve	ester Co	N/Or				11 9	AR 3	. TIME OF DEATH
- 1	4. SOCIAL SECURITY NUMBER		n yrs. last birthday)	IF UNDER	1 VEAD	IF UNDER 24 HRS.	7. DATE OF BIRTH		<u> </u>	ACE (State or Foreign
	218-10-4961	XX 2 □ F	83 YRS.	MONTHS	DAYS	HOURS MIN.	10/21/06		Mar	yland
OR	96. FACILITY NAME (If not institution, give street 2600 Miles Avenue	et end number)			1tim	R LOCATION OF DE	ATH	9c. COUNTY	OF DEA	TH .
ទួ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c, CIT	Y, TOWN (OR LOCAT	ION			1 10	Od. INSIDE CITY
DIRECTOR	Maryland						timore	T		LIMITS? X YES 2 NO AT COUNTRY?
FUNERAL	2600 Miles Avenue				101.	ZIP CODE 2:	1211		S.A	
B	11. MARITAL STATUS 1 Never Merried 2 XX Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 / ///		WAS OEC: If yes, spe 1 PES	city, Cuban, Mexicen	IC ORIGIN? (Specify Y b, Puerto Ricen, etc.) :	ee or No 14.	Black, \	- American Indien, White, atc. White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12) 6 th		16a. DECEDENT'S (Give kind of life. Do NOT u	work done	CCUPATIO during mos	N st of working		ofing	TRY	
× I	17, FATHER'S NAME (First, Middle, Last)					10 MOTHED'S NAS	AE (First, Middle, Maide			
BE CC		Harry Cove	_			Mar	y Humphre	ys		
10	190. INFORMANT'S NAME (Typo/Print) Mary E. Cover		The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon				oute Number, City or To altimore,			21211
	205 METHOO OF OISPOSITION 1 Houriel 2 Crembilion 3 Femore 4 Donetton 5 Other (Control	at from State 206.	PLACE OF DISPO				emetery	ocation – city Owings		
	21. SIGNATURE OF FUNERAL SHIVING LICES		reasant.	22.	NAME AN	ID ADDRESS OF PAC	Burge	e-Henss	Fu	neral Home
	/ Javos	ALPA	20		3631	Falls R	oad Balti	more, M	lary.	land 21211
	23. PART I. Enter the diseasee, or co shock, or heert feilure. Li	molications that caused	the death. Do	not enter	the mo	de of dying, such	ae cerdiec or res	piratory arrest	,	Approximete interval Between
	IMMEDIATE CAUSE (Finel				1.					Onset and Death
	disease or condition resulting in deeth) e.	DUE TO (OR AS A	CONSEQUENCE	OF):	far	cron	ر 			
z		Cown	aug	ar	ter	y Des	ease			
ATIO	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE O	OF):	(J				
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE O	PF):						
빙										
MEDICAL	PART II. Other significant conditions	contributing to death b	ut not resulting	in the ui	nderiyini	g cause given in		ORMED?		VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
							_		1	YES 2 NO
N/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		T		ACE OF DEATH (Chi	ack only one)			
SIC		1 Inpetient 2 ER/Outp	etient 3 🗆 DOA	4 Nu		e 5 🗆 Residence	6 Other (Specify)			
Y PHYSICIAN:	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. Ti	ME OF JURY M		URY AT HRK? YES 2 NO	28d. DESCRIBE HOV	INJURY OCCUP	REO	
red BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— Al home, ferm,	street, fac	tory, offic	•	261. LOCATION (Stree City or Town, Ste		Rural Roi	ute Number,
COMPLETED	Check only	AN: To the best of my know							euse(e)	and manner as stated.
BE CC	296. SIGNATURE AND TITLE OF CERTIFIER	1 mn				29c. LICENSE NUN	/	29d. DATE S	IGNEO (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO Rebecca Love, M.		ATH (ITEM 27) (Typ	e, Print)		<u> </u>	1000	1 3	IV	
		32. REGISTRAR'S SIGN	ATHOS	,						

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SPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within £4 nours after death. Page 6 may be retained within a attending physicial	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should in order in the as as the bunal-tro		WT. Histon 28 is marked or liem 23 shows any injury or other traumatic event the medical evaniner must be notified at the second and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the secon
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PITAL	ERAL	in 72	H 45
47	2	5	-2

	1 - FOR STATE REGISTRAR	TE OF MARYLA	ND / DEPARTM CERTIFIC			MENTAL	HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	SILVA CH	RNYAKOVA			2. DATE OF MONTH	F DEATH DAY	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEI	6. AGE (In		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month,	BIRTH Pay, Ybar)	B. BIRTHPL Country)	ACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give street and	number)	92	Ba +	LOCATION OF DE	EATH .	9c. COUN	TY OF DEAT	TH THE
DIRECTOR	10e. STATE 10b. COUNTY	tmore	Ba	OWN OR LOCATION	on te		-		Dd. INSIDE CITY LIMITS? YES 2 10
FUNERAL	6968 MATS	~ DT	APT. 2-		ZIP CODE	5	10g. CITIZ	EN OF WHA	AT COUNTRY?
В	1 Never Merried 2 Derries FC	AS DECEDENT EVER IN U PRCES? 1 (YES YES, GIVE WAR OR DATE	2 NO	If yes, spec	NDENT OF HISPAN Hy Cuben Mexico Specify	American indian, vhite, etc.			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementery/Secondery (0-12) Colle	ed) ge (1-4 or 5 +)	6a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most		16b. K	CIND OF BUSINESS/INDU	JSTRY	
MP		4	TREASUR	ER			CITY GO	OVERN	MENT
	17. FATHER'S NAME (First, Middle, Last)						ddle, Meiden Surname)		
BE	YALE DOBRUFIN 190. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street on	BRIN		JREVICH r, City or Town, State, Zip	Code)	
5	SAMUEL CHERNYAROV			ARSUE D	R. OAPT:		BALTIMORI 20c. LOCATION - C	MD MD	े शेशक
	1 Donation S Other (Specify)	m State	RLINGTON		AMINO)		BALTIMOR		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Itelluca		22. NAME AND SOL	ADDRESS OF FA	W & BR	ROS,. INC.		
	23. PARTY I. Linter the diseases, or compile	V		anter the mod	REISTER	h aa cardia	RD. BALC	O.	MD 21215 Approximate
	MMEDIATE CAUSE (Finel disease or condition resulting in death)	ly one ceuse on each	th lina.	rest					Interval Between Onset and Daath FSMINS
NO	Sequentially list conditions.	DUE TO (OR AS A C	Mno	card	(9)]	-uf	relign		
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	4						
CERTI	resulting in death) LAST								
SICAL	PART II. Other algnificant conditions cont	ributing to deeth but	not resulting in t	tha underlying	cause given in		PERFORMED?	AA CC	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION DF CAUSE F DEATH?
PHYSICIAN: MEDIC						-			YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	PLFAL:		26. PL/	CE OF DEATH (Ch	eck only one)			
KSI	1 NES 2 NO 1 1 1	patient 2 - ER/Outpat	lent 3 DOA 4	☐ Nursing Home	5 - Reeldence				
ВУ РН	1 Nitural 5 Pending 2 Accident Investigation	6e. DATE OF INJURY (Month, Day, Year)	26b. TIME O	M 1 WOF			RIBE HOW INJURY OCC		
	3 Suicide 6 Could not be 4 Homicide determined	Se. PLACE OF INJURY — building, etc. (Specify	- At home, ferm, atre	et, factory, office			TION (Street and Number Town, State)	or Rural Rou	te Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the								nd manner ee stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	. 1	200	AN	29c. LICENSE NUI	MBER	29d. DATE	SIGNED (M	Forth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEAT	H (ITEM 27) (Type, Pri	in H	Ap.	Beli	redere A	ved	Genepin
	MAR 13 1990 full	Liden Hon	The .						

by the attending physician and completely fixed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should mental Hygiene prior to burial, cremation, or removal. any injury, or other traumatic event, the medical examiner must be notified at once. at the death certificate be executed with DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Law TO THE FUNERAL DIRECTOR; After this certificate has be filed within 72 hours after death with the State De IMPORTANT: If Item 28 is marked, or Item 2. FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		UL	-Milli	CAIL	I DL	AIII	H	EG. NO.			
i	1. DECEDENT'S NAME (First, Middle, Last)	Clara B	М.	Г)AVISS	N		2. DATE OF E	DA	, 1990	YEAR	2:22 a M
	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. last		IF UNDER 1 YEA		IDER 24 HRS.	7. DATE OF B		1000	8 BISTHEI	ACE (State or Foreign
	293-18-0882	1 □ M 2X F	84		MONTHS DAY		-	5-29-			Country)	VIRGINIA
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOW	N OR LOC	ATION OF DE	ATH		9c. COUP	NTY OF DEA	TH
DIRECTOR	FRANKLIN SQUARE H	OSPITAL			ROS	SVII	LE			Balt	timor	e County
E C	10e. STATE 10b. COUNTY	1		10c. CITY	, TOWN OR LO	CATION					. 21	ed. INSIDE CITY
		LTIMORE						UNDALK				LIMITS?
₹	10e. STREET AND NUMBER					101. ZIP C				10g. CITI		AT COUNTRY?
	200 PINEWOOD ROAD					2	21222					U.S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT			13. WAS I	ECENDEN	T OF HISPAN	IIC ORIGIN? (Sp n, Puerto Ricen	pecify Yee	or No-	14. RACE -	- Amarican Indian, White, atc.
	1 Never Merried 2 Merried	IF YES, GIVE WAI		•		ES 2 XX			i, arec.)		Specify:	
В	Wildowed 4 Divorced											WHITE
ED	15. DECEDENT'S EDU (Specify only highest grade				USUAL OCCUP		- dela a	18b. KIN	D OF BUS	INESS/IND	USTRY	
L	Elementery/Secondary (0-12)	College (1-4 or 5+)	Mile	Do NOT us	rork done during e retired.)	most or we	onang					
4	8TH GRADE	N/A		SEAM	ISTRESS							
COMPLET	17. FATHER'S NAME (First, Middle, Last)	11/21		DILL	#) 11 CLO	-	OTHER'S NA	ME (First, Middle	e Mairien	Sumama)		
						1.0,	-				лет	AT
BE	JAMES H. BLAIR 190. INFORMANT'S NAME (Type/Print)							ATHERI				IN
2								Poute Number, C				
- 1	ARTHUR W. VANCE			-	STWAY 1			ALTIMO	RE,	MARY)	LAND	21221
- 1	20e METHOD OF DISPOSITION	oval from State	20b. PLACE (OF DISPOS	SITION (Name of	cemetery,	crematory or		20c. LO	CATION —	City or Tow	n, State
	4 Donation 5 Other (Specify)		HOAK L	AWN (EMETE	\mathbf{X}	3-8-19	90	BA	LTIM	ORE, M	ARYLAND
	21. SIGNATURE OF EXPERAL SERVICE LA	GENERAL /	7.1	/			DRESS OF FA			om 5.		
- 1	- (haal of	1 7	. / /	•								K, INC.
	Cram.	1 100	m						DALK	, MAI	RYLAN	D_21222
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	List only one cause	e on sach line	ath. Do n	ot anter tha	moda of	dying, suc	h ss cardisc	or respl	ratory an	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Final	•	Met	nicil	lin R	esist	tant S	taph				Onset and Death
	disease or condition resulting in dasth)	Pneumor	nia-Aur	eus.								
	reading in duetry	DUE TO (C	OR AS A CONSEC	DUENCE OF	7):							
-		Respira	tory Ar	rest								
⊚	Sequentially list conditions, if any, lasting to immediate		OR AS A CONSEC									
3	cause. Enter UNDERLYING	Right co	erebrov	ascu	lar acc	ider	nt wit	h Left	hem	ipar	esis.	
윤	CAUSE (Disease or injury that initiated events	G	OR AS A CONSEC					_				
E	resulting in death) LAST	d Congest	ive Hea	rt F	ailure							
		a. oongese	TVC TICA		a i i di C							
EDICAL CERTIFICATION	PART II. Other significant condition	s contributing to d	leath but not n	esulting i	n the underi	ying cau	se given in	Part I. 24s	. WAS AN			WERE AUTOPSY FINDINGS
2	Chronic Ob	structive	Pulmon	ary	Diseas	2.		1.0	YES X			COMPLETION OF CAUSE
PE										X		OF DEATH?
F								_				1 123 2 100
₹.	25. WAS CASE REFERRED TO MEDICAL					N 100 0	P DEATH 401					
PHYSICIAM	EXAMINER?	HOSPITAL:			OTHER:	PLACE	F DEATH (Ch	eck only one)				
X	1 TES 2 NO	*Xinpatient 2 🗆 I				_		8 Other (Sp				
표	27. MANNER OF DEATH	28a. DATE OF II (Month, Day		28b, TIM INJ	URY	INJURY A' WORK?	T	28d. DEŞCRII	BE HOW II	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation				M 1	YES	2 NO					
	3 Suicide 8 Could not be	28e. PLACE OF building, et	INJURY - At ho	me, farm, s	street, factory,	ffice		281. LOCATIO	N (Street e	nd Number	or Aural Ro	ute Number,
COMPLETED	4 Homicide determined	bullaning, e	ica (opocity)					Only or no	mii, Siale)			
W	29e. CERTIFIER	OLAN 7- 4- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-										
A P	one)	ICIAN: To the best of m										
8	2 MEDICAL EXAMINI	//	1 1	rivestigatio	n, in my opinio	n, waith o	ccured at the	time, date end	piece, an	a aue to ti	se canse(a)	and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	1/. /					LICENSE NUI	MBER		29d. DAT	E SIGNED /	Myrn Day, Year)
	STAX A	funk	Ky			Î	N/A			▶ .	3/6/	190
2	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE	E OF DEATH (ITE	M 27) (Type,	Print)						//	de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la
	Jeff Hershkowitz	, M.D. 9	000 Fra	nkli	n Squa	re Di	r., Ba	Ito.,	2123	7	/	
	31. DATE FILED (Month, Day, Year)	9 32. REGISTRAR	TE SIGNATURE	10.								
	31. DATE FILED (Morith, Day, Year) MAR 13 1990	gulia-Davida	DAY-NONADAR	-								

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DIVISION OF VITAL RECORDS, F.O. BOA 13140,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page then within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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31. DATE FILED (Month, Day, Year)
MAR 1 3 1990

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /			F HEALTH		MENT	AL HYGIENI REG. NO.	E	91	1 0626
Š	1. DECEDENT'S NAME (First, Middle, Lest)	Flore	ence		D0'	VELL		2. DAT MON May	ch 9, 1	 [990	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-14-0680	5. SEX 1	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 Y	EAR IF UNDE	R 24 HRS.	7, DAT (Mo	TE OF BIRTH onth, Day, Year)		8. BIRTHP Country) B Ma	
ron	98. FACILITY NAME (If not institution, give at Franklin Squar		ital		9b. CITY, TO	ROSS					timo	re County
DIRECTOR	10a. STATE 10b. COUNTY	Baltimo	ore	10c. CIT	ry, town or i		timo	ore		П		10d. INSIDE CITY LIMITS? 1 YES 3 NO
FUNERAL	10e. STREET AND NUMBER 6116 Belair F	Road				10f. ZIP COL	2120	06		10g. CIT	USA	HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2.		tf ye	DECENDENT is, specify Cub YES 2 NO	en, Mexicer	n, Puert	GIN? (Specify Yes to Rican, etc.)	or No-	14. RACE - Black, Specify	American indian, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Etamentary/Secondary (0-12)		(0	ive kind of Do NOT u	USUAL OCCU work done durk ise retired.)	ng most of work	ing	10	6b. KIND OF BUS	INESS/IN	DUSTRY	White
BE COM	12th 17. FATHER'S NAME (First, Middle, Last) William Dovel	11				18. MO	THER'S NAI	ME (First	st, Middle, Melden : Silli	Sumame) .van		
TO B	19a. INFORMANT'S NAME (Type/Print) William Dove			18	04 Wa	lnut	Ave	Poute Nu	anter City or Town	n, State, Zij	Md.	21222
a Miles	20g. METHOD OF DISPOSITION 1 Zeburiel 2 Cremetton 3 Removel from State 4 Donation 6 Other (Specify)											
	21. SIGNATURE OF FUNERAL SERVICE LIC	Lunda	l Ho	me	/ CC	nnell	y Fu	une	ral Ho	ome	of D	undalk 21222
	23. PART I. Enter the disease or candition resulting in death)	. Metast	use on eech line	rcino	oma of		ying, auci	h aa ce	erdiac or reepi	ratory ar	rest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in desth) LAST	DUE TO	C Arrest O (OR AS A CONSE	OUENCE (,							
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	e contributing to	deeth but not	resulting	in the unde	rlying ceuse	given in	Part i.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? V. 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient :	3 🗆 DOA	OTHER:	26. PLACE OF						
ВУ РНУ	27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	28a. DATE O		28b. TII	JURY	c. INJURY AT WORK? 1 YES 2	□ NO	28d. D	DESCRIBE HOW II	NJURY OC	CCURED	
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE building	OF INJURY — At h , atc. (Specify)	ome, farm,	street, factory	, office			OCATION (Street a lity or Town, State)	and Numbe	er or Rural Ro	oute Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS											and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	wan	N	1.0		29c. Li	CENSE NUI	MBER	N/A	29d. DA	3/9	(Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WE Nada Kiwan					quare [Orive		2	1237	,	

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BALTIMORE MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 mm. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

D BY FUNERAL DIRECTOR	1. DECEDENT'S NAME (First, Middle, La EDWARD 4. SOCIAL SECURITY NUMBER 172-07-7395 98. FACILITY NAME (If not Institution, g) G. B. M. C6701 N. RESIDENCE OF DECEDENT 108. STATE 108. COL MARYLAND BAL 109. STREET AND NUMBER 1102 ROLANDVUE 11. MARITAL STATUS 1 Never Married 1 Never Married 1 Never Married 1 Divorced	, , , , ,
BE COMPLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 1. 2 17. FATHER'S NAME (First, Middle, Last)	
TO BE CC	JESSE 19a. INFORMANT'S NAME (Type/Print) M. ELLIOTT	_
	20a. METHOR OF DISPOSITION 1 Burial 2 Cremation 3 1	Rer
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	_
	23. PART I. Enter the diseases, ahock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death)	
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	
MEDICAL	PART II. Other eignificant cond	itic
2	25. WAS CASE REFERRED TO MEDICA	
2	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 ANO 27. MANNER OF DEATH	
2	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 ☐ YES 2 🎉 NO	Ion
OMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1	lon t be
2	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural S Pending 2 Accident Investiget 3 Suicide 6 Could not 4 Homicide determine 29e. CERTIFIER (Check only	I be

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGII	ENE
			FRIFICATE	0	F DEAT	TH		DEC I	NO

1 - STATE REGISTRAR	TE OF MARYLAN	D / DEPARTM CERTIFIC		EALTH AND MI DEATH	REG. NO					
1. DECEDENT'S NAME (First, Middle, Last)		162		1	DATE OF DEATH	AY YEA	3. TIME DF DEATH			
ENWARD A DA	VIS				03 08		6:00 P. M			
4. SOCIAL SECURITY NUMBER 5. SEX	, , , , , , , , , , , , , , , , , , , ,	MOI	UNDER 1 YEAR	IF UNDER 24 HRS. 7	(Month, Day, Year)	8. B	HRTHPLACE (State or Foreign Country)			
172-07-7395 1 X Page 172-07-7395	12 F 77	YRS.	OUTY TOWN (IR LOCATION OF DEAT	10 16 191	2 B	ALTIMORE, MD			
G.B.M.C6701 N. CHAR			ALTIMO				RE COUNTY			
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			DWN OR LOCAT			7.6.7.7.7.	10d. INSIDE CITY			
MARYLAND BALTIMOR	F COUNTY		IMORE				LIMITS?			
10e. STREET AND NUMBER	L COONTT	DALI		ZIP CODE			OF WHAT COUNTRY?			
1102 ROLANDVUE AVE.			2	1204		U	ISA			
FOI	S DECEDENT EVER IN UN			ENDENT OF HISPANIC polify Cuban, Mexican,		s or No- 14. I	RACE — American Indian, Black, White, etc.			
	YES, GIVE WAR OR DATE			2 NO Specify:			Specify:			
15. DECEDENT'S EDUCATION	16	ia. DECEDENT'S USI	UAL OCCUPATION	DN	16b. KIND OF BU	SINESS/INDUSTI	WHITE			
(Specify only highest grade complete Elementary/Secondary (0-12) Colleg	d) p (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo tired.)	st of working						
12	4		SAI	ES	INDUS	STRY (CHEMICALS)			
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME	(First, Middle, Maiden	Sumame)				
	VIS			LUCY			OMAN			
19a. INFORMANT'S NAME (Type/Print) M. ELLIOTT RANI	OOLPH			nd Number or Rural Roo 100D LAN						
20a, METHON OF DISPOSITION 1	m State 20b. PL	ther place) GRI		netery, cremetory or CREMA!		TO MD				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	\ \ \ .	1	22. NAME A	ID ADDRESS OF FACIL	.m 4905	YORK	ROAD.21212			
/ W miles	Z. Lin	· W.	HENF	Y W. JE			S CO.BALTO.M			
23. PART I. Entar the diseases, or complic			anter the mo	da of dying, such	na cardiac or reap	iratory arrest,				
ahock, or heart failure. List on	ly one cause on each	n line.					Interval Between Onset and Daath			
disease or condition	IMMEDIATE CAUSE (Final									
resulting in death) a. RESPIRATORY FAILURE DUE TO (OR AS A CONSEQUENCE OF):										
C	ORPULMONAL	E								
Sequentially list conditions, if any, leading to immediate	ORPULMONAL DUE TO (OR AS A CO	E ONSEQUENCE OF):								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	ORPULMONAL	E ONSEQUENCE OF): I. BLEED								
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING	ORPULMONAL DUE TO (OR AS A CO . O. P. D. , G.	E ONSEQUENCE OF): I. BLEED								
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions control. 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ORPULMONAL DUE TO (OR AS A CC. O.P.D., G. DUE TO (OR AS A CC.	E DINSEQUENCE OF): I B L E D DINSEQUENCE OF): not resulting in t	26. P		PERFO 1 VES	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the condit	ORPULMONAL DUE TO (OR AS A CO. O.P.D., G. DUE TO (OR AS A CO. Ibuting to death but	E DISEQUENCE OF): I B L E D DISEQUENCE OF): not resulting in t	26. P	LACE OF DEATH (Checker 5 - Residence 6	PERFO 1 VES	RMED? 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may require by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, the sentence of the first within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be profiled at once.

	FOR	CTATE OF MADY AND / DEPARTMENT OF MEATH AND A	AFNITAL LIVOIENE	20	
1	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N CERTIFICATE OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) JOSEPH	P. DOEHLER	2. DATE OF DEATN MONTH DAY 3 1	YEAR 90	3.

\neg	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	w WEAR	3. TIME OF DEATN					
	JOSEPH P. DOEHLER			3 1	y YEAR 90	1 A . M					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF U	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		INPLACE (State or Foreign					
	21828 9705 17 M 2 0 F 57 YRS. MONT	HB DAYS	HOURS MIN.	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	1932	ARYLAND					
		9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN									
R	1806 Briarcliff Rd.	BALTIMORE BALTIMORE									
Ĕ	RESIDENCE OF DECEDENT										
R	10e. STATE 10b. COUNTY 10c. CITY, TO		ATION			10d. INSIDE CITY LIMITS?					
<u> </u>		TILE	MORE			1 YES 2 NO					
FUNERAL DIRECTOR	10e. STREET AND NUMBER	1	01. ZIP CODE		10g. CITIZEN OF WHAT COUNT						
빌	1806 BRIARCLIFF KOAD		91937	}	U.S.A.						
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Nover Merried 2 Merried 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	If yes,	pecify Cuban, Mexica		Bla	CE — American Indien, ick, White, atc.					
B	3 Wildowed 4 Divorced F C C C	1 🗌 YE	S 2 NO Specify	c	Spe	icity:					
	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USU	L OCCUPAT	ION	16b. KIND OF BUS	SINESS/INDUSTRY	711-2					
COMPLETED	(Specify only highest grade completed) (Give kind of work of life. Do NOT use retired in the property (0-12) (Give kind of work of life. Do NOT use retired in the property (0-12) (Give kind of work of life. Do NOT use retired in the property (0-12) (Give kind of work of life. Do NOT use retired in the property (0-12) (Give kind of work of life. Do NOT use retired in the property (0-12) (Give kind of work of life. Do NOT use retired in the property (0-12) (Give kind of work of life. Do NOT use retired in the property (0-12) (Give kind of work of life. Do NOT use retired in the property (0-12) (Give kind of work of life. Do NOT use retired in the property (0-12) (Give kind of work of life. Do NOT use retired in the property (0-12) (Give kind of work of life. Do NOT use retired in the property (0-12) (Give kind of work of life. Do NOT use retired in the property (0-12) (Give kind of work of life. Do NOT use retired in the property (0-12) (Give kind of work of life. Do NOT use retired in the property (0-12) (Give kind of work of life. Do NOT use retired in the property (0-12) (Give kind of work of life. Do NOT use retired in the property (0-12) (Give kind of work of life. Do NOT use retired in the property (0-12) (Give kind of work of life. Do NOT use retired in the property (0-12) (Give kind of work of life. Do NOT use retired in the property (0-12) (Give kind of work of life. Give kind of life. Give kind of life. Give kind of life. Give kind of life. Give kind of life. Give kind of life. Give kind of life. Give kind of life. Give kind of life. Give kind of life. Give kind of life. Give kind of life. Give kind of life. Give kind of life. Give kind of life. Give kind of life. Give kind of life. Give kind of life. Give kind of life. Give kind of life. Give kind of life. Give kind of life. Give kind of life. Give kind of life. Give kind of life. Give kind of life. Give kind of life. Give kind of life. Give kind of life. Give kind of life. Give kind of life. Give kind of life. Give kind of life. Give kind of life. Giv	one during r ed.)	nost of working								
7	8YRS. SELF S	-mp		CAR	ORI	VER					
ON	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	ME (First, Middle, Meiden	Sumeme)						
	A. PAUL DOEHLER		AGG	125 L. 1	3711	ALLSU					
BE (190, INFORMANT'S NAME (Type/Print) 19b. MAILING ADD	RESS (Stree	and Number or Rural F	Route Number, City or Tow	n, State, Zip Code)						
5	FAMILY KELOROS SA	30	AS P	BOVE							
	20a. METNOD OF DISPOSITION 20b. PLACE OF DISPOSITION 20b. PLACE OF DISPOSITION 20b. PLACE OF DISPOSITION 20b. PLACE OF DISPOSITION 20c. METNOD OF DISPOSITION 20c. METNOD OF DISPOSITION 20c. METNOD OF DISPOSITION	(Name of c	emetery, cremetory or		CATION — City or	Town, Slete					
	1 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	ME	ARIA	To	DOZWE	, Mo-					
4	21. SIGNATURE OF FUHERIAL SERVICE LICENSEE	22 News	AND ADDRESS OF FA	SET OF CH							
	12/1 22 /		as York		1						
	23. PART I. Enter the diseases, or complications that caused the death. Do not e					Approximate					
	ahock, or heert fellure. List only one cause on each line.					Interval Between Onset and Death					
	IMMEDIATE CAUSE (Final disease or condition	1-41	seula	nim)							
	reaulting in deeth) OUE TO (OR AS A CONSÉQUENCE OF):	a reve	DEVICE	DIROLE)							
z											
CERTIFICATION	Sequentially liet conditions, If any, leading to immediate										
S	cause. Enter UNDERLYING CAUSE (Disease or Injury										
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
H	resulting in death) LAST										
		e underly	ing cause given in	Part I. 24e. WAS AN		4b. WERE AUTOPSY FINDINGS					
MEDICAL	Mid-la Mellita			PERFQI		AVAILABLE PRIOR TO COMPLETION OF CAUSE					
				1 YES :	NO	DF DEATH?					
-				_		1 123 2 110					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	26.	PLACE OF DEATH (Ch	neck only one)							
SIC	EXAMINER? 1.2 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4	HER: Nursing H	Besidence	a Other (Specify)							
H	27, MANNER OF DEATN 280. DATE OF INJURY 28b. TIME OF	28c.	NAURY AT	28d. DESCRIBE NOW	INJURY OCCURED						
			WORK? YES 2 NO								
BY		, factory, o	fice	281. LOCATION (Street	and Number or Run	al Route Number,					
Ħ	building, etc. (Specify)			City or Town, State	,						
COMPLETED	29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred et	the time of	ete and place, and due	to the cause(s) and me	nner ee stated.						
MP	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in					e(e) end manner as stated.					
			29c, LICENSE NUI	enen	204 DATE SIGN	ED (Month, Day, Year)					
BE	LA SOCIAL AND THE OF CENTIFIER	V	A . A		▶ Ø.	1 1082					
2		1 40	000	DX C	IVan	Ca 11770					
	Stanley Felsenberg M.D. 7131 Libe	0 1/	d. Suite	104							
		LUJ I	DULLE	, 10 T							
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TACCO, VAR HERRIE CH * . * # 216-07-0658 * 90-06267 2 1 11-12-16

C	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIENE REG. NO.		-				
22.20	1. DECEDENT'S NAME (First, Middle, Last)	Dutter)			2. DATE OF DEATH MONTH DAY	- 9°0	3. TIME OF DEATH 4 A M				
0.7.6	4. SOCIAL SECURITY NUMBER	1 M 2 DF 73	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-12-17	Ne	ATTNPLACE (State or Foreign untry) W Jersey				
TOR	Sa, FACILITY NAME (If not institution, give at Levindale Nurs RESIDENCE OF DECEDENT		9	Baltimore 9c. COUNTY OF DEATN								
CHRECTOR	Md.	,		TOWN OR LOCA	re		10d. INSIDE CITY LIMITS? 1 X YES 2					
FRAL	Belvedere Ave	nue		10	21215			F WHAT COUNTRY?				
BY FUN	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DAY 10-6-43 th	TES	If yes, s		NIC ORIGIN? (Specify Year an, Puarto Rican, etc.) y:	В	ACE — American Indian, lack, White, etc. Pecify: Black				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed) College (1-4 or 5 +)	18e. DECEDENT'S US (Give kind of wor No. Do NOT use Retil	k done during n Longs	ost of working noreman	16b, KIND OF BUSI		cont Docks				
BE COM	17. FATNER'S NAME (First, Middle, Last)		NO CZ		A. 11150	ME (First, Middle, Melden S	urname)					
TO B	19a. INFORMANT'S NAME (Type/Print) Ann Walker		55 St	rawha	Rd. Ov	Noute Number, City or Town,	L Md.	21117				
	20a. METHOD OF DISPOSITION 1 X Burial 2 Coremation 3 Ram 4 Denation 5 Cother (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	oval from Stata	PLACE OF DISPOSIT other place) arrison	Forre	est Vete	erans Ga	rrisor	Md.				
ĺ	Desuck		>		ND ADDRESS OF FA	Derric Heights A		Jones F.H. 21215				
100	23. PART 1. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on as	och line.			SWOCARCI		Approximate Interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST											
PHYSICIAN: MEDICAL C	PART II. Other algoriticant condition	Part I. 24a. WAS AN / PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPIFAL:		26. I	PLACE OF DEATH (C)	heck only one)						
	1 YES 2 NO 27. MANNED OF DEATH 1 Netural 5 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUS	OF 28c. IF	me 5 Residênca JURY AT ORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE NOW IN	JURY OCCURE					
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, ferm, str	eet, factory, off	Ice	281. LOCATION (Street as City or Town, State)	nd Number or Ru	ral Route Number,				
COMPLETED	anal anal	ICIAN: To the best of my knowless: On the basia of axamination						se(s) and manner as stated.				
BE	291 SIGNATURE AND TITLE OF CERTIFIE	ias 0. 7	in n	N	29c. LICENSE NU	MBER DIZO37	29d. DATE SIGN	NED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WAS	O COMPLETED CAUSE OF BE	ATN (ITEM 27) (Type, P	EBREN	GERIATA	erc CENTER	1-10-	PITAL				
	MAR1 3 1990	32. JEGISTRAR'S SIGNA	ATURE 1									

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HYSI	this ce	ked,
DING I	Affer	Email .
TTEN	JOR:	28 1
OR A	DIREC	ltem
PITAL	ERAL	11:11
E HOS	E FUN	HTAN
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be make at by the hon	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page personal production of the funeral director, page personal production of the funeral designed by the attendance of the funeral companion or removal.	the med within 12 thous after began with the State began to receive an increasing the state of the medical examiner must be medical or stem by the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s

	FOR STATE REGISTRAR	STATE OF N	/ MARYLAND Ce		RTMENT				MENTA	REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			IME OF DE	ATH
	Edmon	d	0.		Evans	2			MONT	8-8-90	Y Y	EAR 1	0:00	ΔM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las.	t birthday)	IF UNDER		IF UNDER	24 HRS.	_	OF BIRTH	0.	BIRTHPLAC		
	228-14-7026	1 № M 2 🗆 F	75	YRS.	MONTHS	DAYS	HOURS	MIN.		h, Day, Year)		Country)	_	
	9e, FACILITY NAME (If not institution, give st	4.5	/3		as Offy	TOWAL C	D I OCATIO	W OF DE		14 - 14	9c. COUNTY		/a	
œ l		ŕ		96. CITY, TOWN OR LOCATION OF DEAT Baltimore C:										
DIRECTOR	1300 E. Lanvale	Street			L	Bal	timo	re (ity		Balti	imor	e Ci	ty
E	10a. STATE 10b. COUNTY		_	10c. CIT	Y, TOWN O	R LOCAT	ION					10d	INSIDE C	ITY
E	Md. N	lone		١,	Balt	imo	* 0					15	LIMITS? YES 2	□ NO
ا پــ	10e. STREET AND NUMBER	one			Dart.		. ZIP COOE				10g, CITIZER		7	
FUNERAL	1200 E [a C+						212	10					
쀨	1300 E. Lanval	12. WAS DECEDEN		MED	I 12 V	WAS DEC	ENDENT O	212		N? (Specify Yes		RACE - /	l marican Ir	odlan
	1 Never Merried 2 Married	FORCES? 1	YES 2X	10	11	yes, sp	ecify Cube	n, Mexice	n, Puerto	Rican, etc.)	O NO	Black, Wh	ite, atc.	Added,
BY	3 Widowed 4 Divorced	IF YES, GIVE Y	AR OR DATES		_ '	☐ YES	2 X NO	Specify	r:			Specify:	lack	
	15. DECEDENT'S EDUC		16e. DE	CEDENT'S	USUAL OC	CUPATIO	ON		16b	. KIND OF BUS	SINESS/INDUS			
	(Specify only highest grade Elementery/Secondary (0-12)	completed) College (1-4 or 5	(Gi	ive kind of	work done di se retired.)			g						
3		0		tee	lwor	ker			13	Beth	leher	n St	eel	Corp
2	17. FATHER'S NAME (First, Middle, Last)			, , ,	T#01	RCI		IFR'S NAI	ME /First	Middle, Maiden	Surnama)			
Ö							100000000							
TO BE COMPLETED	Leandrew Eva	ins	19/	b. MAILING	ADDRESS	(Street e	nd Number			B ber, City or Town	-			
9	Floyd Evans									Md.				
	20e. METHOD OF DISPOSITION		20b. PLACE						.0.,		CATION — City		State	
	1 S Burial 2 Cremetion 3 Ramo	oval from State	other pla	809)							ndsor			
~	21. SIGNATURE OF FUNERAL SERVICE INC	ENSEE	Char	e L	Grov	YAME A	O ADDRES	s of FA	CILITY	141	lusur	, va	•	
		7 1								RRICK	C	JONE:	S F/	Н
	Married	(()	Kone	7						. Ave			. Md	.15
	23. PART I. Enter the diseeees, or of ehock, or heert fellure.				not enter	the mo	de of dyl	ng, suci	h as cen	diec or respi	retory arres	t, [Approx	imete Between
	IMMEDIATE CAUSE (Finel													and Death
	disease or condition	Chroni	c obstri	activ	re pui	lmor	nary	dise	ease					
	recording in death)		(OR AS A CONSE											
z	C b.													
은	Sequentielly liet conditione, if eny, leeding to immediate	OUE TO	(OR AS A CONSE	DUENCE C	OF):									
S	cause. Enter UNDERLYING CAUSE (Disease or injury	C												
	that initiated events	OUE TO	(OR AS A CONSE	DUENCE C	OF):									
CERTIFICATION	reculting in death) LAST	d												
	PART II. Other eignificant condition	s contributing to	deeth but not i	reeuiting	in the un	derlyin	ceuse o	iven in	Part I.	24a, WAS AN	AUTOPSY	24b. WEI	RE AUTOPS	Y FINDINGS
CAL										PERFOR			ILABLE PRI	
										XX YES 2	. □ NO		DEATH?	
Σ												XXX	YES 2	NO
PHYSICIAN: MEDI	25 MMO CACE DEFENDED TO MESSA.						100 4	EATH :		1				
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF D	EATH (Ch	eck only o	ne)				
YS	XXXIES 2 NO		ER/Outpatient 3	_			neXXXXRe	sidence						
H	27. MANNER OF DEATH S Pending	28e. DATE OF (Month, D		28b. Til	JURY		PRK?		26d. DE	SCRIBE HOW I	NJURY OCCU	RED		
B⊀	2 Accident investigation				М		YES 2	NO						
	3 Suicide 8 Could not be		OF INJURY At he etc. (Specify)	ome, ferm,	street, fect	ory, offic	8			CATION (Street or Town, State)		Rurel Route	Number,	
	4 Homicide determined													
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the bast of	my knowledge, de	eth occur	red at the ti	ime, date	end place	end due	to the ca	euse(s) end me	nner es stated			
NO	one) XXX MEDICAL EXAMINE	R on the basis of s	xamination end/or	Investigati	lon, In my o	pinion, d	leath occur	red at the	time, date	e and place, ar	d due to the	ceuse(e) en	d menner e	e stated.
	296, SHOROGEURE AND SUDE OF CERTIFIE	4					29c. LICI	ENSE NUI	MBER		29d. DATE S	GIGNED (Mo	nth, Day, Ye	er)
BE	LILA							ME			•	3-9-		
2	HE HAME AUT AND RESS OF PERSON WH	O COMPLETEO CAU	SE OF OEATH (ITE	M 27) (Typ	e, Print)		- 00	ليكم			1	5 7	20	
	FRANK PERETTI, MD			-		Stra	et.P	al+i	more	e,MD 21	1201			VC
		32. PEGISTA	AR'S SIGNATURE					~ L L L L		- p. w - C.	LEVI			
	MAR 1 3 1990	State De	undson-Man	Jack										

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1	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENI REG. NO.
1.	. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH

HEGISTHAR		CE	HLIFI	CAIL	. OF	DEA	П	1	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last) DENISE L ECK	14.							2. DATE O MONTH MARCI	DA	1990	YEAR	3:05	атн Р м
4. SOCIAL SECURITY NUMBER 219 86 5219	5. SEX	6. AGE (In yrs. lest 24	birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. OATE OF	F BIRTH Day, Year)	965	Country)	ACE (State or	Foreign
9s. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	TOWN	OR LOCATI	ON OF O				NTY OF DEA		
THE JOHNS HOPKI	NS HOSPI	<u>ral</u>		BA	LTI	MORE				BALTIMORE CITY			
10a. STATE 10b. COUNT	e Arunde	1	10c. CITY	TY, TOWN OR LOCATION Glen Burnie								DI YES 2X	
	e Arunde	T			L			DULILI	е				
	7865 Americana Cir. T3					101. ZIP CODE 21061						at country:	
	FORCES?	NT EVER IN U.S. ARM I YES 2 NO WAR OR DATES		1	f yes, sp	ecity Cube	n, Mexic	NIC ORIGIN? en, Puerto Ric		or No—	Black, 1	- American In White, etc.	
3 Widowed 4 Divorced	IF 725, GIVE	MAR OR DATES		Ι,	YES	2 X NO	Speci	ry:			Specify:	Whit	e
15. DECEOENT'S EDU (Specify only highest grade		(Giv	18a. DECEDENT'S US (Give kind of work			DN ost of worldr	10	16b. 1	(IND OF BUS	INESS/INC	OUSTRY		-
15. DECEOENT'S EDU (Specify only highest prade Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Lest)	College (1-4 or 5	+)	Do NOT us gal	Sec:	reta	ry			Law	Offi	ce		
17. FATHER'S NAME (First, Middle, Last)				-		16. MOT	HER'S N	AME (First, MI	ddle, Malden	Surname)			
		Wojcick	e				anda				Tot	nes	
19a INFORMANT'S NAME (Tomo/Print)				ADORESS	(Street			Route Numbe	c City or Town	n. State 74		100	
Robert W. Eck,	ITT							Apt.				o MD	2106
20a. METHOD OF DISPOSITION		20b. PLACE C									City or Town		2100
1X Buriel 2 Cremation 3 Rem 4 Donation 6 Other (Specify)		Glen	ce)	en Me	emor	ial	Park	c			urnie		
21. SIGNATURE OF FUNERAL SERVICE LI	22. NAME AND ADDRESS OF FACILITY McCully Funeral Home of Pasadena 3204 Mountain Rd., Pasadena, MD									a			
23. PART I. Entar the diseases, D shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition insuiting in death)	a. By	or caused tha desuse on aech line.	C	anc		ode of dy	ing, suc	ch as cardi	ac or respi	ratory ar	rest,		Between nd Death
Siquentially list conditions, any, leading to immediate cause Enter UNDERLYING 14USE (Disease or Injury that initiated events or circling in death) LAST	с	O (OR AS A CONSEO				_							
AT II. Other significant condition	s contributing to	daeth but not re	esulting i	in tha un	derlyin	g ceuse	given ir	Part I.	24a. WAS AN			VERE AUTOPSY	
									PERFOR		C	MAILABLE PRICE COMPLETION DOF DEATH?	F CAUSE
25. WAS CASE REFERRED TO MEDICAL	1												
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER	1 :			6 Other					
investigation	28a. OATE O (Month,	F INJURY Day, Year)	28b. TIM	_	28c. IN.	JURY AT DRK? YES 2 [RIBE HOW I	NJURY OC	CURED		
3 Suicide 6 Could not be detarmined	28e. PLACE building	OF INJURY — At hor i, etc. (Specify)	ne, ferm, e	street, fact	ory, offic	in .		26f. LOCA City o	TION (Street e Town, State)	and Numbe	or Rural Ro	ute Number,	
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINI												and menner a	s stated.
296. SIGNATURE AND TITLE OF CERTIFIE	sucu V	ND				29c. LIC	ENSE NU	MBER		29d. DA1	TE SIGNED (I	Month, Day, Yes	ar)
30. NAME AND ADDRESS OF PERSON WE					St	wi		PA	UM	B	ca 16	205	
31 MAR 1 3 1990 4	. 32 REGISTE	AR'S O'GNATURE											

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death, Page when the manned by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directory and included by the detactive		IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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ATT	ECTO	rs aft	п 28
AL OR	L OIR	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	Her
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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAF ERTIF					MENTAL	HYGIEN REG. NO.	E	V	70210
	1. OECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	ıv.	YEAR	B. TIME OF OEATH
	Kenneth Osb	orn	Fati	kin						ch 10			10 A M
	4. SOCIAL SECURITY NUMBER 218-12-5434	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. les 65	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	June	27, 192	4	a. BIRTHP	ryland
OR	90. FACILITY NAME (If not institution, give s 6 Compass Road	treet and number)			9b. CITY		ddle					Balt	imore
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	v		T too CIT	Y. TOWN C	OR LOCAT	HON					1.	IOd, INSIDE CITY
DIRECTOR	Md.	Baltimore	9	100. 011		Midd	le R						LIMITS?
FUNERAL	100. STREET AND NUMBER 6 COMPASS ROA	d				101	. ZIP COD	E 2122	0		10g. CIT	IZEN OF WH USA	AT COUNTRY?
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN	IT EVER IN U.S. AF			If yes, sp	ENDENT C	OF HISPAN	IIC ORIGIN n, Puerte F	? (Specify Yee licen, etc.)	or No—	14. RACE - Black, Specify	- American Indien, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondery (0-12)		(0	ECEDENT'S Give kind of a. Do NOT u	work done se retired.)	during mo	ON ast of workin	ng	16b.	Marti		DUSTRY	
MP	6th			THS	pect)Ľ							
BE CO	17. FATHER'S NAME (First, Middle, Lest) John Fatkin								ME (First, A Bluba	augh	Sumeme)		
TO B	190. INFORMANT'S NAME (Type/Print) Marie Fatkin		19		Compa				Route Numb	or, City or Tow	n, State, Ziji Aryli		21220
	20a. METHOD OF DISPOSITION 1									n, state ryland			
	21, SIGNATURE OF FUNERAL SERVICE LI	Fune	ialt	lom	22.	NAME A	ND ADDRE	SS OF FA	CILITY				e. 21221
	23. PART I. Enter the diseeses, or				not enter	the mo	de of dy	ing, auc	h es cerd	lec or reap	ratory ar	reat,	Approximate
	interval Between Onset end Death disease or condition resulting in deeth as												
z	DUE TO (OR AS A CONSEQUENCE OF): ACCOMP CONSEQUENCE OF):												
CATIO	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	DVE-70	(OR AS A GONE	OUT WEEK	Sul	roje	sh.	No.	ron	es	JEV VI	ry/m	ia.
CERTIFICATION	CAUSE (Disease or injury that initieted events resulting in deeth) LAST	DUE TO	(OR AS A CONSE	OUENCE C	OF):								
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ä													
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF D	DEATH (Ch	eck only on	e)			
YS	1 VES 2 TUO		ER/Outpetlent	_	1			eeldence	6 🗌 Othe				
ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		Day, Year)		JURY	1 🗍		_ NO		CRIBE HOW I			
ED	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE 6 building	OF INJURY — At h , etc. (Specify)	ome, farm,	street, fec	tory, offic	:•			ATION (Street or Town, State)		r or Runai Ro	ute Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFVING PHVS	ER: On the basis of											end manner ee stated.
BE	296. SIGNATURE AND TITLE OF CENTERS	To m	1.12				29c. LIC	ENSE NUI	MBER 12/		29d, DAT	TE SIGNED	Month, Day, Year)
2	TO HAME AND ADDRESS OF DESIGNA WE	O COMPLETED CAL	ISE OF DEATH (IT	EM 27) (5m	a Doint		,						1

31. DATE FILED MARP 1 183) 1990 32 AFRISTRY SSIENATURE

TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the three certificate has been signed by defactly the filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal most be motified at once, IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Shenbourne

MAR 13

DH. 31. DATE FILED (Month, Day,

ENT.

1.	REGISTRAR DECEDENT'S NAME (First,	Middle, Last)			CERTIF	IVAIL	OF.	UEA	171	REG.	1			3. TIME OF DEATH
1	Robert		(Gerber		Sr.				March	DAY	100	YEAR	м
1	. SOCIAL SECURITY NUMB		5. SEX	8. AGE (In yrs.		IF UNDER 1			A 24 HRS.	7. DATE OF BIRTH			a. BIRTI	IPLACE (State or Foreign
	220-03-3	726	1 🔯 M 2 🗆 F	74	YRS.	MONTHS	DAYS	HOURS	MIH.	June 1	3 1	91	5 I	VewYork
9.	a. FACILITY NAME (If not in	stitution, give s	treet and number)							EATH	9c. COUNTY OF DEATH			
	St. Jose	ph Ho	spital				To	wso	n			В	alt	imore
	RESIDENCE OF DEC	10b. COUNTY	γ		10c. CIT	Y. TOWN OF	LOCAT	ION						10d. INSIDE CITY
	Md.		Baltimo	re		.,		imo	re					LIMITS? 1 YES 2 NO
10	0e. STREET AND NUMBER					No. of Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Designation of the Street, or other Design	101	ZIP COL	E		10	0g. CITIZ	ZEN OF	WHAT COUNTRY?
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11	1. MARITAL STATUS		12. WAS DECEDEN							IC ORIGIN? (Specify		No-	14. RACI	E — American Indian, k, Whita, atc.
11 .	Never Married 2 Divo		IF YES, GIVE V	YES 2	_Mo				an, Maxica Specifi	n, Puarto Rican, alc. //)	- 1	Spec	Hy:
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-	12th 7. FATHER'S NAME (First, M	liririla (ast)			Fo	remai	1	10 MO	HED'S NA	ME (First, Middle, Me				
11	==		==					.0			rva			
19	9a. INFORMANT'S NAME (7	Type/Print)	-	1	19b. MAILING	ADDRESS	Street a	Ind Numbe		Route Number, City or	Town, S	iteta, Zio	Code)	
	Robert Ge	rber	Jr.	i						et BAlt				21231
2	OA, METHOO OF OISPOSIT	ION		20b. PLA	CE OF DISPO	SITION (Nam	e of cer	metery, cre	matory or	200	LOCAT	ION - (City or To	own, Slata
	S Burial 2 ☐ Cremation ☐ Donation 5 ☐ Other		oval from State		r place)	deem	a r	Com	atai	C 3.7	RΔ	1 + i	moı	e Md.
2	1. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	4 /	y Ke	22. N	AME A	ND ADDRI	SS OF FA	CILITY	LUA			e Bio
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1	23. PART I. Enter the d	iseases, or	complications the	t caused tha	death, Do				_					Approximate
	shock, or h	aar Jaiiure.	List only one car	ise on aach	lina.			72.5		-131-31-3-4		.,		intarval Between Onset and Daath
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WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, e) and manner as stated.

DHMH-16 Rev 1/89

THE STANK AND STREET

MRYLAND 21203-3146

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1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH			3. TIME OF OEATH
,	Anna	GIBS	SON							3 7 8 /9	Ď	RASY	1:30 P M
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. le	st birthday)		R 1 YEAR	IF UNDER		7. OATE OF BIRTH			PLACE (State or Foreign
	217-26-85	38	1 🗌 M 2 💢 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) Nov. 28, 1	907	Countr	MAryland
	90. FACILITY NAME (If not in	stitution, give st	reet and number)			9b. CITY	Y, TOWN	OR LOCATI	ON OF OE			UNTY OF DEATH	
R	Franklin	Square	Hospita	1				Ross	vill	e	Ba	ltimo	ore County
Ĕ l	RESIDENCE OF DEC												
DIRECTOR	100. STATE Md.	10b. COUNTY		_	10c, CI1	Y, TOWN							10d. INSIDE CITY LIMITS?
			BAltimor	e				ssex					1 YES 2 100
FUNERAL	10s. STREET AND NUMBER						10	1. ZIP COD			10g. CIT		VHAT COUNTRY?
剪	302 Marga	ret Av							212			US	A
5	11. MARITAL STATUS 1 Never Merried 2	Merried	12. WAS DECEDEN	T EVER IN U.S. A	RMED NO	13.	If yes, ap	CENOENT C	OF HISPAN	IC ORIGIN? (Specify Years, Puerto Rican, etc.)	or No-	14. RACE Black	— American Indien, c, White, atc.
BY	3 Widowed 4 Divo		IF YES, GIVE Y	MAR OR DATES			1 YES	2 № NO	Specify			Speci	^{%:} White
	15, DEC	EDENT'S EDUC	CATION	16e, D	ECEDENT'S	USUAL O	CCLIPATI	ON		16b. KIND OF BUS	INESS/IN	DUSTRY	***************************************
	(Specify onl	y highest grade	completed) Cotlege (1-4 or 5		Give kind of le. Do NOT u	work done	during m		ng	1000 1000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
PL	8th	712,	College (1-4 of 5	*'	Hous	ewif	e						
COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)						16. MOT	HER'S NA	ME (First, Middle, Malden	Sumame)		
	Joseph	Flier	1						A	melia Scho	ber		
BE	190. INFORMANT'S NAME (1	Type/Print)		1	9b. MAILING	ADDRES	S (Street	end Number		Route Number, City or Town		p Code)	
임	Carole Pra	aley			711	6 Gr	eenk	ank :	Road	Baltimor	e M	Arvla	and 21220
	20e METHOD OF DISPOSIT	ION	and draw Chada	20b. PLACE	OF DISPO	SITION /A/	iama of co	metany cost	neton, or	200 100		City or To	
	4 Donellon 5 Other		Svai Irom State	Saci	ced H	eart	of	Jesu	s Cer	metery	BAlt	imore	e Md.
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	111				ND ADDRE					
	Conn	elly	Funu		me					eral Home			ve. 21221
	23. PART I. Enter the d	seeses of c	complications the	at coused the d	leeth. Do	not enter	r the me	ode of dy	ing, suci	h ss cardiac or respi	retory sr	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Fir		,		1	2							Onset and Death
	disease or condition	→	a	CAL			- As	pira	tion	Pneumonia			
			DUE TO	(OR AS A CONSI	EOUENCE C	F):							
ON	Sequentielly list condit		b DUE TO	(OR AS A CONS	EQUENCE O	F:							
CERTIFICATION	If any, leading to imme cause. Enter UNDERLY			,		. ,.							İ
프	CAUSE (Disease or Injuthat Initiated events	Jry	OUE TO	(OR AS A CONS	EOUENCE O	F):							
E	resulting in death) LAS	T	d.										
	DART II. Other clearling	na annalistan		That the same									
MEDICAL	PART II. Other significa	int condition	s contributing to	deeth but not	resulting	in the u	nderlylr	g ceuse	given in	Part I. 24s. WAS AN PERFOR		246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă						_				1 YES 2	X NO		OF DEATH?
										_			1 TES 2 NO
ä													
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF C	EATH (Che	eck only one)			
ΙΥS	1 VES 2 NO		1x Inpatient 2		3 DOA 28b. TIR		_		esidence	6 Other (Specify)			
		Pending		Day, Year)	IN	JURY	W	JURY AT DRK? YES 2	7 NO	28d, DESCRIBE NOW I	NJUHY OC	CURED	
B	2 Decident	Investigation	26e, PLACE	OF INJURY — A1 H	ome, farm.	street, fac				28f. LOCATION (Street of	and Numbe	or or Rural I	Pours Number
8	4 Homicide	Could not be determined	building	etc. (Specify)			,, ,,,			City or Town, State)	THO THOMAS	N OF FIGHER	tourio Tearricon,
COMPLET	29e. CERTIFIER	TIEVING BUVE	CIAN: To the heat o	d — u bosouludes . e	facth assura		dlan - das						
MP	conton only									to the cause(e) and mer time, data end place, an) and manner as stated
8	29b. SIGNATURE AND TITLE					011, 111 INJ	-						A VALUE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR
BE	296. SIGNATURE AND TITLE	d CERTIFIE	A .	ray's	E	10		29c. LIC	ENSE NUM	NUER	29d. DA	IE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS O	F PERSON WIL	700.0		,	Drive)		1 0	0066			1	0/70
	Dr. Atta						ad F	Ralti	more	M.D. 2122	4		
							L	4101			-		
ļ	31. DATE FILED MAR	13 799	10 gulir	Devider	Abnde	2							

MANAGER OF THE PARK

* stached for use as the burial-transit permit. Pages 1, 2, 3 should

fled at once.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dill be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crems.

BE COMPLETED BY PHYSICIAN: MEDICAL

2

4 Homicide

	90	0021
	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR	
JR	Helen . Gordon March 8 1990 YEAR 7	ГН
BY FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION 107 108. STATE 109. CITIZEN OF WHA 109. CITIZEN OF WHA 109. CITIZEN OF WHA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Veg or No.) 14. RACE —	d. INSIDE CITY LIMITS? YES 2 K NO
IO BE COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 8 +) 17. FATHER'S NAME (First, Middle, Last) 18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) He. Do NOT use retired) 16. MOTHER'S NAME (First, Middle, Maiden Sumanne) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumanne) 18. MOTHER'S NAME (First, Middle, Maiden Sumanne) 19. INFORMANT'S NAME (Type/Print) 19. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
	20a, METHOD OF DISPOSITION 15/Buriel 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 23. SIGNATURE OF FUNERAL SERVICE LICENSEE 24. NAME AND ADDRESS OF FACILITY 25. NAME AND ADDRESS OF FACILITY 26. PARKY 27. NAME AND ADDRESS OF FACILITY 28. NAME AND ADDRESS OF FACILITY 29. NAME AND ADDRESS OF FACILITY 20. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	State COO.
	23. PART i. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Dementia Due to (or as a consequence of):	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):	

PART II. Other algolificent conditions contributing to death but not resulting in the underlying cause given in Part I. Febile Illness . Diabetes Mellitus Hyponatermia

24a. WAS AN AUTOPSY 1 TYES 2 NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 - YES 2 - NO

Congestive Heart Failure 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO

26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 5 Residence 8 Other (Specify)

27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 1 Netural
2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide

8 Could not be determined

28b. TIME OF INJURY 28c. INJURY AT WORK? 28d DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGN (Month, Day, Year)

N/A

9000 Franklin Square Drive Baltimore, <u>Maria-Teresa David</u>, M.D.

The Negistran's signature words

Mary 1 and 21237

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 incurs after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE	0F	MARYLAND	/ DEP/	ARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
			ERTI	FICATE	0	F DEAT	ſH		REG. NO.

1 - FOR STATE REGISTRAR	TATE OF MARYL	ND / DEPARTI CERTIFIC	MENT OF	HEALTH AND N		GIENE a. NO.	
DECEDENT'S NAME (First, Middle, Last) MI	LDRED GEBEI	2			2. DATE OF DEA	10, 1990	year 3. TIME OF DEATH 5:30 A M
			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, X JULY 4	th bar) 1906	BIRTHPLACE (State or Foreign Country) RUSSIA
9a. FACILITY NAME (If not institution, give street at 4239 LABYRINTH RD.	and number)	9		OR LOCATION OF DE	ATH	9c. COUNT	Y OF DEATH
RESIDENCE OF DECEDENT							16d, INSIDE CITY
MARYLAND 106. COUNTY			OWN OR LOCA ALTIMOI				LIMITS?
10e. STREET AND NUMBER			10	1. ZIP CODE			EN OF WHAT COUNTRY?
4239 LABYRINTH RD.				21215			USA
1 Never Merried 2 Merried	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, s	CENDENT OF HISPAN pecify Cuban, Maxican S 2 X NO Specify	n, Puerlo Rican, at		4. RACE — American Indian, Black, White, atc. Specify: WHITE
15. DECEDENT'S EDUCATION (Specify only highest grade company)	ON pleted)	16a. DECEDENT'S US	k done during m	ION ost of working	16b. KINO (OF BUSINESS/INOU	STRY
Elementary/Secondary (0-12) Co	ollege (1-4 or 5 +)	He. Do NOT use r	etired.) EWIFE			AT HOME	
17. FATHER'S NAME (First, Middle, Last) CHAIM KESSLER				18. MOTHER'S NAI		NKNOWN	
19a. INFORMANT'S NAME (Type/Print)		19b, MAILING AI	DDRESS (Street	and Number or Rural F	Route Number, City	or Town, State, Zip C	Code)
MRS. SYLVIA WAXMAN		4239		INTH RD.		ORE, MD	21215
1 Donation 5 Other (Specify)	from State	other place) BNAI IS	RAEL				ORE, MD
21. SIGNATURE OF FUNERAL SERVICE LICENS	tilluan		S	ND ADDRESS OF FA OL LEVINS REISTERS	ON & BR)., MD 21215
23. PART I. Enter the disease, of companies, or heart fellure. List immediate Cause (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ONLY ONE CEREB DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF):	ULAR	ACCI	ENT		Interval Between Onset and Death
PART II. Other significent conditions co	ontributing to deeth b	ut not resulting in	the underlyi	ng ceuse given in	Р	VAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				PLACE OF DEATH (Ch	eck only one)		1
D. T. T. T. T. T. T. T. T. T. T. T. T. T.	OSPITAL: Inpatient 2 ER/Outp		OTHER:	me 5 Realdence	8 Other (Speci	ffy)	
27. MANNER OF OEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (RY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE	HOW INJURY OCC	URED
2 Accident 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Spec	— At home, ferm, atri	eet, factory, off	ica	281. LOCATION (City or Town		or Rural Route Number,
and a	t: To the best of my known the beels of examination						d. cause(a) and menner as stated.
29b. SIGNATURE AND TURE OF CERTIFIER	Ym	Mil)	DZZ	503	29d. DATE	SIGNEO (Month, Day, Year)
JAHANGIR M	·KHA	N 54		-D COUR	TROA	PRANDI	ALCITOWN
MAR 1 3 1000	32. REGISTRAR'S SIGN	ature Indella					
1000		•					DHMH-18 Ray 1/89

ELIZABETH

249-40-5451

9a. FACILITY NAME (If not institution, give street and number)

4. SOCIAL SECURITY NUMBER

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

GAINES

6. AGE (In yrs. last birthday)

60

S. SEX

1 M 2 F

3. TIME OF DEATH

15A

11

N.C.

8. BIRTHPLACE (State or Foreign

90

9c. COUNTY OF DEATH

2. DATE OF DEATH DAY 03 01

7. DATE OF BIRTH (Month, Day, Year) 3/9/29

DR.

3 1990

TOR	PRINCE GEORGE'S HOSP	ITAL CENTE	R CHE	EVERLY			PRINC	CE GEORGE'S
DIRECTOR	10e. STATE Md . 10b. COUNTY P . C	3.	10c. CITY, TOWN Capi	or Location tol Hgts	5.			10d. INSIDE CITY LIMITS? 1 X YES 2 \(\text{NO} \)
FUNERAL	10e. STREET AND NUMBER 512 62nd I)1. # C		101. ZIP CODE 2074	43		10g. CITIZI	U.S.A.
BY	1 Never Married 2 X Married FORCES?	DENT EVER IN U.S. ARI 1 YES 2 XN /E WAR OR DATES		. WAS DECENDENT OF If yea, specify Cuban, 1 YES 2 NO			or No— 1	4. RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 o	(G/ l/fe.	CEDENT'S USUAL (we kind of work done Do NOT use retired.	during most of working)	16	Drug		
BE COM	17. FATHER'S NAME (First, Middle, Last) Charles Davis		. 004 114	18. MOTHE		, Middle, Malden Le Ste	Surname)	
TO E	James D. Gaines	198	Same a	ss (Street and Number of S # 10 a	above	mber, City or Tow	n, State, Zip (Code)
	20a. METHOD OF DISPOSITION 1 □ Purial 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)	20b. PLACE Hother of	of disposition (A	em. Park	3/7/9	0 La	ndove	ity or Town, Stata Er, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Auy W. G	latt		4925 Bu	_			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	E TO (OR AS A CONSEC	RUENCE OF):	Joseph Joseph	g, auch aa ca	IVA ON	aliov	at, Approximate Interval Between Onset and Death
PHYSICIAN: MEDICAL C	PART H. Other significent conditions contributing	to death but not r	esulting in the u	underlying cause gl	ven in Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DE	ATH (Check only	one)		
SIC	EXAMPLER? 1 YES 2 NO 1 Inpetient	2 ER/Outpetlent 3	DOA 4 No	ER: ursing Home 6 - Res	Idence 6 🗆 Ot	her (Specify)		
>	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	E OF INJURY (h, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2	ľ	EȘCRIBE HOW I	NJURY OCC	JRED
TED B	3 Sulcide 26e. PLA	CE OF INJURY — At ho ling, etc. (Specify)	me, farm, street, fa	ctory, offica		CATION (Street ity or Town, State)		or Rural Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the be 2 MEDICAL EXAMINER: On the basis							
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIED	7,		29c. LICE	SE NUMBER		29d. DATE	SIGNED (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (ITE	M 27) (Type, Print)					

SUDHAKAR PUNJA 3001 HOSPITAL DRIVE CHEVERLY MD 20785 (301)618-2000

132 REGISTRARIS SIGNASCRE HAMA JOHN MAN HAMA

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR	CTATE OF MADVI	AND / DEDAG	THENT OF	HEALTH AND	MENTAL HVOIEN		0 002.16
	1 - STATE REGISTRAR	STATE OF MARYL		ICATE O		REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)	green				2. DATE OF DEATH MONTH D	AY 90	3. TIME OF DEATH 8 2 D M
	4. SOCIAL SECURITY NUMBER 426-30-0072	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTN (Month, Day, Year)	C	HRTHPLACE (State or Foreign ountry)
	9s. FACILITY NAME (If not institution, give str		64 YAS.	9b. CITY, OW	4MPSPA	8/27/2	9c. COUNTY	Miss. OF DEATH
TOR	MACOM Grow N RESIDENCE OF BECEDENT	redicks.		Andi	enont.	B	Pg	
DIRECTOR	10e. STATE Md . 10b. COUNTY	P.G.		Y, TOWN OR LOC				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			Forest	VIIIE		10g, CITIZEN	1 ☑ YES 2 ☐ NO OF WHAT COUNTRY?
FUNERAL	7907 Jo	ordan Park	Blvd.		20747			J.S.A.
FUN	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 X YES	2 NO	If yes,	specify Cuban, Maxic	NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	s or No- 14.	RACE — American Indian, Black, White, etc.
ВУ	3 Widowed 4XXDivorced	IF YES, GIVE WAR OR D	ATES	1 ' Y	ES 2 NO Speci	tty:		Slack
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done during se retired.)	TION most of working	18b. KIND OF BU	SINESS/INDUST	RY
MPL	8th	College (1-4 or 5+)	Truc	ck Dri	ver	Ref	use	
00	17. FATHER'S NAME (First, Middle, Last)	enry Green				AME (First, Middle, Melder elyn Clay		
TO BE	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING		et and Number or Rura	Route Number, City or Tov		•)
F	Kelvin E. Gre				10 abo		CATION CHY	or Youn State
	1 X Burial 2 Cremetion 3 Remo	oval from State	helten!	nam Ve	t's. Cei	3/13/90° LC	elten	nam, Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE .	-			ngton & S		nc.
_	23. PART i. Enter the diseasee, Dr c	T. Shall	d the death Do			ughs Ave.		1 Approximate
	shock, or heart fellure. I							Approximate interval Between Onset and Death
	disease or condition resulting in death)	Cardia	puerro	my A	rnest	ilere my Des		
z		Acuta	A CONSEQUENCE C	met	y fa	luce		
ATIO	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	OF):	Pulm	me. Du	eners	
IFIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	OF):	12012)		
CERTIFICATION	resulting in death) LAST	i						
	PART II. Other significent conditions	Arkeric scl	but not resulting	in the underly	ring cause given in	Part I. 24a. WAS AI PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICAL	pypiriensie	Acting sec	usace c	mail	1430.190	1 TYES	2 00	OF DEATH?
N. N								
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER:	PLACE OF DEATH (C			
энх	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. Til	ME OF 28c.	INJURY AT WORK?	6 Other (Specify) 28d. DESCRIBE NOW	INJURY OCCUR	ED
ВУ	1 Natural 5 Pending 2 Accident Investigation	28s. PLACE OF INJUR		M 1	YES 2 NO	264 LOCATION /Suns	and Number of	had Some Market
TED	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Spe	ocity)	streat, factory, o	THE O	281. LOCATION (Street City or Town, Stell	and Number or P	tural Piotrie Mumber,
COMPLETED	anal comp	CIAN: To the best of my know						
	29b. SIGNATURE AND TITLE OF CERTIFIER		on and/or investigat	ion, in my opinio	29c. LICENSE N			use(a) and manner as stated. GNEO (Month, Day, Year)
TO BE	Luxas Whirty	MD			D/7/	52	1 3/	6/90
=	1	Mh 955	TA CRA	a, Print)	hur 100	ner man	boro	MD 26772
	31, MHH (MOH) QQA()	1 32. REGISTRAR'S SIG	WATURE 1	N N	9 0/1	MARY	2010,	1041/2
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if the death ce	by the attending	and Mental Hyg	y injury, or o
s that the death ce	ned by the attending	ifth and Mental Hyg	amy injury, or o
quires that the death ce	signed by the attending	Health and Mental Hyg	ows any injury, or o
v requires that the death ce	been signed by the attending	t, of Health and Mental Hyg	shows any injury, or o
e law requires that the death ce	has been signed by the attending	Dept. of Health and Mental Hyg	1 23 shows any injury, or o
1: The law requires that the death ce	cate has been signed by the attending	State Dept. of Health and Mental Hyg	item 23 shows any injury, or o
CIAN: The law requires that the death ce	artificate has been signed by the attending	the State Dept. of Health and Mental Hyg	or item 23 shows any injury, or o
HYSICIAN: The law requires that the death ce	is certificate has been signed by the attending	inth the State Dept. of Health and Mental Hyg	ed, or item 23 shows any injury, or o
G PHYSICIAN: The law requires that the death ce	er this certificate has been signed by the attending	ith with the State Dept. of Health and Mental Hyg	narked, or item 23 shows any injury, or o
IDING PHYSICIAN: The law requires that the death ce	. After this certificate has been signed by the attending	death with the State Dept. of Health and Mental Hyg	is marked, or item 23 shows any injury, or o
ITENDING PHYSICIAN: The law requires that the death ce	TOR, After this certificate has been signed by the attending	after death with the State Dept. of Health and Mental Hyg	28 is marked, or item 23 shows any injury, or o
IR ATTENDING PHYSICIAN: The law requires that the death ce	IRECTOR; After this certificate has been signed by the attending	ours after death with the State Dept. of Health and Mental Hyg	em 28 is marked, or item 23 shows any injury, or o
AL DR ATTENDING PHYSICIAN: The law requires that the death ce	AL DIRECTOR; After this certificate has been signed by the attending	2 hours after death with the State Dept. of Health and Mental Hyg	if Item 28 is marked, or item 23 shows any injury, or o
SPITAL DR ATTENDING PHYSICIAN: The law requires that the death ce	JERAL DIRECTOR, After this certificate has been signed by the attending	vin 72 hours after death with the State Dept. of Health and Mental Hyg	VT: If Item 28 is marked, or item 23 shows any injury, or o
HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death ce	FUNERAL DIRECTOR; After this certificate has been signed by the attending	within 72 hours after death with the State Dept. of Health and Mental Hyg	ITANT: If Item 28 is marked, or item 23 shows any injury, or o
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an activity death. Page 6 may be instanced by the most	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	filed within 72 hours after death with the State Dept. of Health and Mental Hyg	IMPORTANT: If liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF			ICATE				HEITIM	REG. NO			
7	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH
	Albert	J.	Hoeck						Mar	ch 10), 19	90	8:30 a. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER	R 24 HRS.	7. DATE	OF BIRTH	, 15	6. BIRTI	HPLACE (State or Foreign
14	217-12-7398	1 💢 M 2 🗆 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan	10 19	21	Count	aryland
	9a. FACILITY NAME (If not institution, give st	reet and number)	1		9b. CITY.	TOWN C	R LOCATI	ON OF DE		10 12	_	INTY OF E	
DIRECTOR	2871 Pelham Ave				Baltimore City								
EG.	10a. STATE 10b. COUNTY			10c. CI1	TY, TOWN O	R LOCAT	ION						10d. INSIDE CITY
	Maryland			Baltimore City							1 X YES 2 NO		
Z.	10e. STREET AND NUMBER					101	. ZIP COD		0.4.0				WHAT COUNTRY?
FUNERAL	2871 Pelham Ave		-					_	213		_		States
2	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDE FORCES?	NT EVER IN U.S. AF	NO						N7 (Specify Ye Rican, atc.)	a or No-	14. RAC Blac	E — American Indian, ik, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1	YES	2 X NO	Specify	y:			Spec	*** White
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쁘	(Specify only highest grade		/(0	live kind of	work done o	during mo	at of worki	ing	101	B. KIND OF BU	ISINESS/IN	DUSTRY	
౼	Elementary/Secondary (0-12)	College (1-4 or 5	+)			Too	h			11 C F) + -	1 00	muion
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8		Hoeck					16. MOT		nces			Vee	c
BE	Henry G. 19a. INFORMANT'S NAME (Type/Print)	поеск	Y -								١.		5
2	Cherchelle III and Cherchelle		15							nber, City or Tox			04040
-	Regina D. Hoeck								e B				21213
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			Garri	son	Fores					UV	vings		
	21. SIGNATURE OF FUNERAL SERVICE LIC	Milto	n J Kniq	ght Ji	r 22.	NAME AI	ND ADDRE	SS OF FA	CILITY			2121	4
	multon	King	はなん		116	ona	rd J	. Ru	ck.	Inc.	5305	Har	ford Road
	23. PART I. Enter the diseases, of C												Approximate
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE, (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO C. DUE TO d. HOSPITAL: 1 Inpetient 2 28a. DATE (Month, 28a. 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PR: Baing Hon 26c. IN. WC 1 tory, office	g ceuse LACE OF the 5 S BURY AT JRK? YES 2 a and placedasth occur 29c. LIC	given in OEATH (Chaeddence NO No No Ra, and durined at the CENSE NU 206	Part I. Peck only c 6 Oth 28d. De 26f. LO C/n a to the co	24a. WAS A PERFC 1 YES one (Specify) ESCRIBE HOW CATION (Street y or Town, State suse(a) and m	N AUTOPSYRMED? To NO INJURY Of and Numbers of and due to 28d. DA	CCURED or or Flural stated.	Interval Between Onset and Death Sycason b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Proute Number, (a) and menner as stated.

ansit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing Figure after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	in Rou	ely filled is	, the me
13146,	xecuted with	and complete burial, crem	natic event
BOX	ificate be e	physician ane prior to	her traun
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	G PHYSICIAN: The law requires that the di	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	narked, or item 23 shows any Injury
DIVISION	TO THE HOSPITAL OR ATTENDIN	TO THE FUNERAL DIRECTOR: After be filed within 72 hours after dea	IMPORTANT: If Item 28 is m

	1 - STATE REGISTRAR	STATE OF MAR			MENT OF H		MENTAL	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	4		HA)	PRIS		2. DATE (MONTH		100	EAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. lesi		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	OF BIRTH	6.	BIRTNPL	ACE (State or Foreign
	214-22-3189	1 M 2 XX	76	YRS.	DAYS DAYS	HOURS MIN.	77	26/13		M	ARYLAND
ی ق	9 CODO STO	VE Coint	T AN	IA	•	R LOCATION OF DE	EATH		9c. COUNTY	OF DEA	TN
DIRECTOR	100. STATE 100. COUNTY MARYLAND	1	10c. CITY, TOWN OR LOCATION BALTIMORE					10d. INSIDE CITY LIMITS? 1X YES 2 NO			
	10e. STREET AND NUMBER				101	ZIP CODE			tog. CITIZE		AT COUNTRY?
FUNEHAL	9 COBBLESTONE CT	., APT. 1-	A			2121	.5		Į	JSA	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 WWidowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I	YES 2	MED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No- If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 N NO Specify:					or No — 14	Black, Specify:	- American Indian, White, atc. WHITE
ELED	15. OECEDENT'S EDU (Specify only highest grade	completed)	(Gi		BUAL OCCUPATION k done during monetired.)		16b.	KINO OF BUS	INESS/INOUS	TRY	
길	Elementery/Secondary (0-12)	College (1-4 or 5+)		HOU	SEWIFE			AT	HOME		=
COMPL	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, M	liddle, Maiden S	Surname)		
BEC	JOSEPH BLOCK					ROS	E G	OLDBER	G		
5	19e. INFORMANT'S NAME (Type/Print)		100			nd Number or Rural I					1000
	ROBERT HARRIS				ARK HTS		BA	LTIMOR			1208
20a. METHOD OF DISPOSITION 1 General 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) BETH TFILOH 20c. LOCATION — City or Town, Sother place) BALTIMORE,											
	21. SIGNATURE OF FUNESAL SERVICE LI	SMSEE			22. NAME AN	LEVINSC	ON &	BROS.,	INC.		
	1 /Bold	Janen				REISTER				0.,	MD 21215
ahock, or heef feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF):								Approximeta interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): d										
MEDICAL	PART II. Other significant condition	na contributing to da	nth but not r	reaulting in	the undarlying	g ceuse given in	Part I.	24a. WAS AN PERFORM	MED?	0	WERE AUTOPSY FINDINGS WALLABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? I YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL				26 DI	ACE OF DEATN (Ch	eck only on	()		1	
25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATN (Check only one) 26. PLACE OF DEATN (Check only one) 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 28. PLACE OF DEATN (Check only one) 28. PLACE OF DEATN (Check only one) 28. PLACE OF DEATN (Check only one) 28. PLACE OF DEATN (Check only one) 28. PLACE OF DEATN (Check only one) 28. PLACE OF DEATN (Check only one) 28. PLACE OF DEATN (Check only one) 28. PLACE OF DEATN (Check only one) 28. PLACE OF DEATN (Check only one) 28. PLACE OF DEATN (Check only one) 28. PLACE OF DEATN (Check only one) 28. PLACE OF DEATN (Check only one) 28. PLACE OF DEATN (Check only one) 28. PLACE OF DEATN (Check only one) 28. PLACE OF DEATN (Check only one)											
37	1 Natural 5 Pending 2 Accident Investigation M 1 YES 2 NO										
3 Suicide 6 Could not be determined 200. PLACE OF INJURY — At nome, farm, street, factory, office 201. LOCATION (Street and Number of Hural House Number, City or Town, State)								ute Number,			
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner se stated. Check only one 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s)										and manner as stated,	
	29b. SIGNATURE AND TITLE OF CERTIFIE		•			29c. LICENSE NU					Month, Day, Year)
O BE	ith	A. Ol	asal	1 0%		D-20					
-	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE		M 27) (Type, F	rint)	WE COL	116	40.	2/.1	00	-
	31. DATE FILEO (Month, Oay, Year)	32. REGISTRAR'S		7.40		THE SUL	-66	/1.	- / 5		

1	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1	DECEDENT'S NAME (First, Middle, Last)	rris	2. DATE OF DEATH MONTH 3

	1. DECEDENT'S NAME (First, Middle, Lapt) HAZELA HACTIS 2. DATE OF D MONTH 3								DEATH 3. TIME OF DEATH		
			2 8			AM M					
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	SEX 6. AGE	(In yrs. last birthday) YRS.	MONTHS DAY		S MIN.	7. DATE OF BIRTH (Month, Day, Year) 6-24-58		6. BIRTHPI Country)		
	9a. FACILITY NAME (If not institution, give stree			9b. CITY, TOV	VN OR LOC	TION OF DE		9c. COUN	TY OF DEA		
DIRECTOR	Mercy Hospital			Ва	alto.						
E	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR LO	CATION				- 1	IOd. INSIDE CITY		
띰	Md.		В	altimo	ore					LIMITS?	
AL	10e. STREET AND NUMBER				101. ZIP C	ODE		10g. CITE	ZEN OF WH	IAT COUNTRY?	
FUNERAL	2412 McCulloh			212				JSA			
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 V Widowed 4 Divorcad	IN U.S. ARMED 2 NO DATES	If yes		iban, Maxican	C ORIGIN? (Specify Yes , Puerto Rican, etc.)	or No-	14. RACE - Black, Specify: Blat	— American Indian, White, atc.		
	15. DECEDENT'S EDUCAT	ION	16a. DECEDENT'S U	ISHAL OCCUE	MATION		16b. KIND OF BUS	LINESS/IND		U.K.	
	(Specify only highest grade co.	mpleted) College (1-4 or 5+)	(Give kind of wo	ork done during		rking	Too. Idito of bot				
AP.	2.0000000000000000000000000000000000000		Disab1	ed							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18, M	OTHER'S NAM	NE (First, Middle, Malden	Surname)			
BE	Louis Boyce						Ball				
5	19a. INFORMANT'S NAME (Type/Print) Hazel Ball		100				oute Number, City or Tow Balto., Md		21215		
	20a. METHOO OF DISPOSITION 1 X Burlal 2 Cremetton 3 Remove	20	b. PLACE OF DISPOSI				2.74		City or Town	n, State	
	4 Donation 5 Other (Specify)		Mt. Aubu				Bal	timor	re. Mo	d.	
	21. SIGNATURE OF FONERAL SERVICE LICEN	ISEE				HESS OF FAC					
, while	Tortia	Eliso				bash A	-				
	23. PART I. Enter the diseases, or conshock, or heert feliure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	it only one cause on	each line.			dying, sucr	as cardiec or respi	ratory arr	reat,	Approximate Interval Between Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cryptococcal Mening 1755 Due to (or as a consequence of):										
CERTIFICATION	Sequentially list conditions, Due To (OR AS A CONSEQUENCE OF):										
CAT	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury									i i	
E	that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF):							
E	d.										
	PART II. Other aignificant conditions					e given in	Part I. 24s. WAS AN			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
MEDICAL	Pleural Effusi	m, Extra	percurdia	e Ma	9,85		1 YES 2	KNO		COMPLETION OF CAUSE OF DEATH?	
										1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL	· · · · · · · · · · · · · · · · · · ·				P DEATH ON					
22	EXAMINER?	IOSPITAL:		OTHER:		F DEATH (Chi	6 Cther (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 260	INJURY AT		28d. DESCRIBE HOW	NJURY OC	CURED		
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		WORK?	2 🗆 NO					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUF building, etc. (Sp	Y — At home, farm, st ecity)	treet, factory,	offica		28f. LOCATION (Street City or Town, State)		or Rural Ro	ute Number,	
	29a, CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my kno	wledge death occurre	d at the time	date and ol	ace and due	to the course(s) and me	nor se elei	lad		
COMPLETED	(Check only one) 2 MEDICAL EXAMINER:									and manner as stated,	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	new?	W)		29c, 1	LICENSE NUM	IBER	29d. DAT	E SIONED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO FERNANDO FERRO	COMPLETED CAUSE OF E	EATH (ITEM 27) (Type, 5t Paul	Print) Place	,	Balto	, ud.	2120	Z		
	31. DATEMAR 1" 3" 1990	Fishe Day door	nature Anders								

BACTIMORE, MARYLAND 21203-3146	of retained by the hospital or attending physician.	y the Table director, page 5 should be detached for use as the burial-trans noval.	cal examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours all records may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Table director, page 5 should be detached for use as the burial-transi be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR	STATE OF MARY	AND / DEPART	MENT OF HEALTH	AND MENTAL	HAGIENE	30 00200		
1 - STATE REGISTRAR 1, DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	ATE OF DEAT	Н	REG. NO.	3. TIME OF DEATN		
FRANCES	7	(In yrs. last birthday)	Henson	MONTH	3 12 0	YEAR A LOOP BETTER OF FOREIGN		
224-28-9480	1 🗆 M 2 💢 F	YRS. M	FUNDER 1 YEAR IF UNDER 1 ONTHS DAYS HOURS	MIN. (Month		Maryland		
SINAI HO	9c. COU	INTY OF DEATH						
10a. STATE 10b. COUNT	ALTIMOR	_	ALT 1 MO		10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
100. STREET AND NUMBER PAU	Malik	d	101. ZIP CODE	210	10g. CIT	TIZEN OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Middowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR	2 XNO	13. WAS DECENDENT OF			14. RACE — American Indian, Black, White, stc. Specify: Black		
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during most of working retired.)	7 16b.	NIND OF BUSINESS/IN			
17. FATHER'S NAME (First, Middle, Last)		fiddle, Melden Surname)						
James Thompso 190. INFORMANT'S NAME (Type/Print) Doborah Washin			DDRESS (Street and Number		per, City or Town, State, Zi			
20s. METNOD OF DISPOSITION Surfel 2 Cremetton 3 Removal from State 20b. PLACE 20ther						ON City or Town, State		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Denick C. Jones F. J 4611 Park Heights Avenue 21215								
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) a. ASPINATION PNEUMONIA,								
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Onaet and Death Netuciate Preumany, Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):								
PART II. Other eignificant condition	iven in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 D-NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE OF O	EATH (Check only or				
27. MANNER OF OEATH Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJURY AT	28d. DES	SCRIBE HOW INJURY OF	CCURED		
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUI building, atc. (Sc	RY — At home, ferm, streedly)	eet, fectory, office	261. LOC City	ATION (Street and Number or Town, State)	TION (Street and Number or Rural Route Number, r Town, State)		
cool	ICIAN: To the best of my kno					sted.		
20h. SIGNATURE AND TITLE OF CERTIFIE		se stag		NSE NUMBER	29d. DA	3/12/90		
RAJESH	O COMPLETED CAUSE OF C	PEATH (ITEM 27) (Type, F	SINAI	HOS	PITAL	OF BALTIM		
31. DATE FILED (Month, Day, Year) MAR 1 3 1990	32. REGISTRAR'S SIG	-Handall						

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I		HYGIENE REG. NO.
(t)		2, DATE OF	F DEATH DAY

	FOR 1 - STATE REGISTRAR	STATE OF MA					EALTH AND N	MENTAL	HYGIEN	E		
	DECEDENT'S NAME (First, Middle, Last) M	IRIAM H	EYMAN					MONTH	OF DEATH	1990 '	YEAR	3. TIME OF DEATH 2:45 A M
	4. SOCIAL SECURITY NUMBER 5.		AGE (in yrs. lest	birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE ((Month)	DE BIRTH Day, Year)	8.	Country)	PLACE (State or Foreign
SR.	9a. FACILITY NAME (If not institution, give street 4222 NADINE DR.	and number)			9b. CITY		TIMORE		,	9c. COUNTY		
5	RESIDENCE OF DECEDENT										$\overline{}$	
FUNERAL DIRECTOR	MARYLAND 100. COUNTY			10e. CI		P LOCAT						10d. INSIDE CITY LIMITS? 1 YES 2 NO
Z4	10e. STREET AND NUMBER					101.	ZIP CODE			10g. CITIZE	N OF WI	HAT COUNTRY?
崱	4222 NADINE DR.						21215				US	
BY FU	11. MARITAL STATUS 1	. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	VER IN U.S. ARIN VES AND IN OR DATES	NED O		If yes, spe	ENDENT OF HISPAN cify Cuban, Mexican 2X NO Specify	n, Puarto R		or No—	Black,	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade cont	ON poleted) ollege (1-4 or 5+)	(Gh	e kind of t		CCUPATIO	N at of working	16b.	KIND OF BUS	SINESS/INDUS	STRY	
7	12	onege (1-4 of 5 4)		HO	JSEW:	IFE			AT	HOME		
S S	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NAI	ME (First, N	fiddle, Maiden	Surname)		
BE C	GENEK SCHUCHTENDL	ER					SONIA	A SC	CHWARZ			
TO B	190. INFORMANT'S NAME (Type/Print) SHELDON HEYMAN		196	MAILING 422	ADDRES 22 NA	s (Street a ADINI	DR. BA	ALTIM	ORE,	n, State, Zip C MD 2	2121	5
	20s. METHOD OF DISPOSITION 1 W Burlel 2 Cremetton 3 Removal	from State	20b. PLACE C	OF DISPO	SITION (N	ame of cen	etery, crematory or		20c. LO	CATION — CI	ly or Tov	vn, State
	4 🗓 Denetion 👂 🗆 Other (Specify)			REI	ZIO				R	OSEDAL	E	MD
	22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS, INC. 6010 REISTERSTOWN RD. BALTO., MD							MD 21215				
	23. PART I. Enter the issesse, Dr CDm shock, Dr/heert sellure. List IMMEDIATE CAUSE (Final disease or condition	Dnly Dna Cause	on aach line.		not entai	r tha mo	da of dying, suci	h ea card				Approximata interval Between Onsat and Dasth
	disease or condition a. Acute primarism Embalosm Due to (or as a consequence of):							minutes				
NO	Sequentially list conditions, Due TO (OR AS CONSEQUENCE OF): Menths											
CERTIFICATION	If any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST											
	PART II. Other significant conditions of	ontributing to de	ath but not re	sulting	in the u	nderlyin	cause given in	Part i.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL								$-\parallel$	PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5								_				
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DEATH (Ch	eck only on	re)			
Si		OSPITAL:	R/Outpatient 3	□ DOA	OTHE 4 □ Nu		5 1 Residence	8 🗆 Othe	r (Specify)			
PH	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF IN (Month, Day)	JURY Year)	28b. TIA	IE OF JURY		RK?	28d. DES	CRIBE HOW	NJURY OCCU	RED	
B	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF I	NJURY — At ho	me, ferm,	street, fed		/ES 2 NO	28f. LOC	ATION (Street or Town, State	and Number o	r Rural R	loute Number,
	4 Homicide determined											
COMPLETED	(Check only) and manner as stated.	
	296. MONATURE AND TITLE OF CERTIFIER						29c. LICENSE NUI	MBER		29d. DATE	SIGNED	(Month, Day, Year)
BE	Ato of om, m	O					Da73	310		• :	31,	0/90
٩	Teft	OMPLETED CAUSE	OF DEATH (ITE	M 27) (Type		181			رم مر	Lua.	you	27/93
	MAR 1 3 1990	32: REGISTRAR	S SIGNATURE									

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detact	s after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

MARTA ANNE SCHNETDER MD

3 1990

31. DATE FILEO (Month, Day, Year)

90 06282 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF OEATH DAY HALL MADELINE 545 3 M 4. SOCIAL SECURITY NUMBER 5 SEX 7. DATE OF BIRTH (Month, Day, Yber) 2/19/15 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS Va. HOURS 1 M 2 F 75 578-34-2149 9a. FACILITY NAME (If not institution, give street and nu 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH Hyattsville DIRECTOR Manor Prince George's Nursing Home 10a. STATE Md . CAP LOCATION Cedar Hgts. 10b. COUNTY 10d. INSIDE CITY P.G. 1 VES 2 NO 218 CHAPELWOOD LANE FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 6202 L St. 20743 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuben, Maxican, Puerto Rican, etc.)
1 ☐ YES 2 ☒ NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Married 2 Married Specify: B 3 🔣 Widowed 4 🗌 Divorced Black ETED. 15. DECEDENT'S EDUCATION 16a. OECEOENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INCUSTRY (Specify only highest grade comp-(Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) 12th College (1-4 or 5+) domestic Cleaning COMPL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, Junius Hunt Fannie Butts BE 194. INFORMANT'S ... BUSE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 Louis Boes 218 Chapelwood Ln., Cap. Hgts., Md. 20743 20a. METNOD OF DISPOSITION
1 M Burlal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory pr / 1 0 / 9 20c. LOCATION — City or Town, State Laurel, Md. 4 Donation 5 Other (Specify) Nat' Maryland Pk Mem. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY H.S. Washington & Sons, Inc. H. ratt 4925 Burroughs Ave., N.E. 23. PART I. Enter the diseases, or complications that caused the death, Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) a ACUTE CEREBRAL INFARCTION

DUE TO (OR AS A CONSEQUENCE OF): 48 HR5 HUBITEINE ATTENECIEROTIC CARDIORENAL VASOULAR DISTA CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSPOUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL CONGESTIVE HEART FAILURE 1 TES 2 NO OF DEATH? PERIPHERAL VASCULAR DISTASE 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 8 Residence 8 Other (Specify) 27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d, DESCRIBE NOW INJURY OCCURED 1 Metural 8 Pending м 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be determined COMPLETED 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER D2633/ BE Marta anne schnesder Mo.

5401 MACARTHUR BLVD, N.W. WASH.D.C. 20016

OHMH-18 Rev 1/89

ned with	completely filled in by the funeral director, page 5 should be detache lal, cremation, or removal.	c event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the most are stated by the hospital and approximately the state of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective of the prospective	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Pent of Health and Mental Horlene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	SIMIE UF N		ERTIF	ICATE OF	DEAT	TH	REG. NO.	_		
	1. OECEOENT'S NAME (First, Middle, Last)						2	DATE OF DEATH	V	YEAR	3. TIME OF DEATH
	JAMES:	ISAAC 🗜	iers h	SOV	ICH			03 06		70	23:40 "
25	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER		Month Day Year)		8. BIRTH Country	PLACE (State or Foreign
	326-16 - 4949	1 🔀 M 2 🗆 F	82	YRS.	MONTHS DAYS	HOURS	MIN.	3/4/08			ECHOSLOVAKIA
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN D	R LOCATION	ON DF DEAT	н	9c. COUN	TY OF D	EATH
5	SINAI HOSP. BALTIMORE										
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT			T							10d, INSIDE CITY
E		*		10C. CI I	Y, TOWN DR LOCAT					1	LIMITS?
	MARYLAND 10e. STREET AND NUMBER			BALTI	MORE.					1 XYES 2 NO	
A.		7 71777 71	DE 100°	7	101				1114		THAT COUNTRY?
FUNERAL	2500 W. BELVEDERI	12. WAS DECEDEN			40 11110 050		1215	ORIGIN? (Specify Yes		JSA_	— Americen Indian,
BY FU	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 X	ND	If yes, sp	ecity Cubs		Puerto Rican, etc.)	or No.	Black	White, etc.
	15. DECEDENT'S ED				USUAL OCCUPATION			18b. KIND DF BUS	SINESS/IND	USTRY	
Ē	(Specify only highest grad Elementary/Secondary (0-12)	e completed) College (1-4 or 5 -	166	Give kind of a. Do NOT u	work done during mo se retired.)	st of worldr	70				
릴	12				PRINTER			PRI	NTING	3	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NAME	(First, Middle, Maiden	Sumame)		
BE C	AARON HERSKOVIC						PEA	RL UNK	NOW	N	
TO B	19a. INFORMANT'S NAME (Type/Print)		19	Pb. MAILING	ADDRESS (Street	and Number	r or Rural Rou	ite Number, City or Tow	n, State, Zip	Code)	
-	DAVID GLICKMAN				O S. CHA						
	20e. METHOD OF DISPOSITION **Remotion 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Disposition 3 **Dis	noval from State	other p	olace)	SITIDN (Name of cer		natory or		CATION —		
	4 Donation 5 Dother (Specify)	BETH EL MEM. PARK RANDALLSTON							STOW	MD	
21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS.,						INC.					
	Augurly & 1	Luciu	con					TOWN RD.			MD 21215
	23 PART I Entar the diseases, or shock, or heart failure				not anter tha mo	da of dy	ing, such	aa cardiac or reep	iratory erre	est,	Approximata Interval Between
	IMMEDIATE CAUSE (Finel	Total Control									Onset and Death
	$\begin{array}{c} \text{IMMEDIATE CAUSE (Fine)} \\ \text{disease or condition} \\ \text{resulting in deeth)} \end{array} \stackrel{\text{e.}}{\longrightarrow} SEPSIS$										
	DUE TO (DR AS A CONSEQUENCE OF):										
8	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	If ery, leading to immediate cause. Enter UNDERLYING										
윤	CAUSE (Disease or Injury that initiated events	c. DUE TO	TO (DR AS A CONSEDUENCE DF):								
토	resulting in death) LAST	that initiated events									
		u									1
MEDICAL	PART II. Other algnificant condition		death but not			g cause	given in Pi	ert I. 24e. WAS AN PERFDI		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음	KAROSI	5 5/	MUONY	4 (NON H	LV)	1 YES :	NO NO		OF DEATH?
ME	ASCVO	DIAB	ETES	M	ELLIT	US		_			1 TYES 2 MO
ž											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. P	LACE DF	DEATH (Chec	k only one)			
ΥS	1 YES 2 NO	1 Department 2		_		_		Other (Specify)	BI HIRW OO	OUBED	
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE DE (Month, L	Day, Year)	28b. TII	JURY W	JURY AT ORK? YES 2 [26d. DEŞCRIBE HOW	INJUNY OCC	COMED	
B⊀	2 Accident Investigation	28e. PLACE I	OF INJURY — At h	nome, farm,	street, factory, offic			281, LOCATION (Street	and Number	or Rural	Route Number,
	4 Homicide 8 Could not be determined	building	, atc. (Specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City or Town, State			
	29e. CERTIFIER	Olololi, To the best of	A man beautation of	4 - 44		do-to-					
COMPLETED	(Check only one) 1 CERTIFYING PHY ONE) 2 MEDICAL EXAMI										e) end menner ee stated.
l w l	296. SIGNATURE AND TIPES OF CERTIF	ER M	2/11			29c. LIC	ENSE NUME	BER	29d. DAT	E SIGNED	(Month, Day, Year)
TO B	a Christie	- 1/1	W						C	23/	08/90
É	30. NAME AND ADDRESS OF PERSON V	HOS	DTTAI	EM 27) (Typ	e, Print)						
	31. DATE FILMAR" 1"3" 1991) Sules	n s signa	make.							

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DIVISION OF VIEW DECONDS, T.O. DOA 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, parties find within 70 hours after health with the State Deat, of Health and Mental Holiere Drior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be
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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF					MENTAI	REG. NO.	Ē		
	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH			3. TIME OF DEATH
	MADELINE	GERTRUDE		JOHNS	ON			MAR (CH 11,	1990	YEAR	M
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE	OF BIRTH	1//	8. BIRTH	PLACE (State or Foreign
	214-54-8693	1 - M 2 X F	M 2 X F 88 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Yea					201	Countr	vland		
	9a. FACILITY NAME (If not institution, give atre					R LOCATIO	ON OF DE		20 1		NTY OF D	
OR	Garrison Valley Ce	enter		Garr	riso	n				Bal:	timo	re County
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		140.00	TY, TOWN O	212047	****						
DIRECTOR												10d. INSIDE CITY LIMITS?
	Maryland Bal	timore Count	ty I	Balti		ZIP CODE		ıds		40- CITI	TEN OF W	1 YES 2 X NO
FUNERAL					101.					10g. Gri		THAT COUNTRY?
JNE	2809 Oak Grove A	VE . 12. WAS DECEDENT EVER I	IN II & ARMED	13. Y	-MS DEC	2122		"C OPIGIN	Y? (Specify Yea	as No.	USA 14 BACE	- American Indian,
	1 Never Married 2 Married	FORCES? 1 YES	2 ZNO	H	f yes, spe	ecify Cuba	n, Maxican	n, Puerto F	Rican, atc.)	OF 140-	Black	, White, etc.
ВУ	3 Widowed 4 X Divorced	Ir 165, UIVE WIN ON S	MIES	'	☐ YES	2 X NO	Specify.				Speci	White
COMPLETED	15. DECEOENT'S EDUCA (Specify only highest grade of	ATION Completed)	16a. DECEDENT'S (Give kind of	USUAL OC	CUPATIO	N -t of workle	- 49	16b.	. KIND OF BUS	INESS/INC	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 8 +)	Iffe. Do NOT u	use retired.)		H OF WORKS	Ø					
MP		NONE	Home	maker	c				Own 1			
	17. FATHER'S NAME (First, Middle, Last)	•							Middle, Maiden			
BE	William Adam Pri	.nz					_	_	Eyrin	_		
5	19a. INFORMANT'S NAME (Type/Print)								ber, City or Town			
	Mrs. Viola B. Crul							imor				d. 21227
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remove	oval from Stata	other place)				natory or			CATION —		
	4 Donation 5 Other (Specify)		oudon Pa	_		ery	es of FA	CII ITY				Maryland
	· 90 1	4/1	/,									Ave. S.W.
	M. Meory		ins	Si	ngle	ton	Fune	ral	Home,	Glen	Bur	nie,Md.21061
	23. PART i. Enter the diseeses or co	omplications mat cause	ed the death. Do	not antar	the mod	de of dyl	ng, auch	h ae card	flec or reapli	ratory an	rest,	Approximate interval Batween
	IMMEDIATE CAUSE (Final		1									Onset and Death
	disease or condition resulting in death)	RESPIRA	HORY +	RRRS	1							
		DUE TO (OR AS A CONSEQUENCE OF):										
ON	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING Conservations Conservations Heart Carley Conservations											
JE	CAUSE (Disease or injury that initisted events			OF):								
FR	resulting in deeth) LAST	1. PS	CVD									
	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
MEDICAL	PART II. Other algoriticant conditions	contributing to deem	but not resulting	in the un	derlying) cense (jiven in i	Part I.	24a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
ğ								-	1 TES 2	□ NO		OF DEATH?
								- 1				1 - YES 2 - NO
Ä												
PHYSICIAN:		HOSPITAL:		OTHER	₹:	ACE OF D						
IYS	1 YES 2 NO 27. MANNER OF DEATH	1 □ Inpetient 2 □ ER/Out	-	4 Nun	sing Home	e 5 🗆 Re	aldenca					
	1 Natural 5 Pending	(Month, Day, Year)		ME OF JURY		URY AT PRK? YES 2 F	3-240	28d. DEŞCRIBE HOW INJURY OCCURED				
BY	2 Accident Investigation	28a. PLACE OF INJURY	V At home, farm.				_ NO	281, LOCATION (Street and Number or Rural Route Number				To de Misselay
COMPLETED	3 Suicide 6 Could not be 4 Homicide detarmined	building, atc. (Spe	ecify)		Ory, wine.		- 1		or Town, State)		f Of Figures .	TOURS NUTTION,
	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.											
MP	(Check only	CIAN: To the best of my known R: On the basis of examination) and manner or stated
			on anotor myestigati	Oil, in thy O	philon, or				end piece, an			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	01111	an.			29c. LICE	ENSE NUM	UMBER 29d. DATE SIGNEO			(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE DE D	EATH (ITEM 27) (Bro	a Deleth		_D.	327	00			2	10/10
	300	1 0 0	LATH (I) EM 2/) (I) P	s, rmn)		1.0	1 9	M	D 2	12:	1	
- 1	31. DATE FILE MAR 1 3 1990	32 AEGISTRATS. SIGN	NATURET	12		1374		1 (<i>y</i> –	, ,		
	MAR I 3 JUUI!	Green days	W-Nation	•								

No. of Land

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0	IO T	700	lite.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 nours after death. Part is many	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral minimum.	be hied within 72 hours after death with the state Dept. Of relating and mental hygiene prior to survey, criteriation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinal must
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	FOR STATE REGISTRAR	STATE OF MAR			TMENT					GIENI	E		
,	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DE	ATH			3. TIME OF DEATH
ŀ	CARRIE T. J	OHNSON							MARCH	DA 5		YEAR	6:07pm M
1	4. SOCIAL SECURITY NUMBER	OCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF INDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH							TH	A. BIRTHPLACE (State or Formion		IPLACE (State or Foreign	
Ì	240-34-7585	240-34-7585 1 MEXIXF 68 YRS. MONTHS DAYS HOURS MIN. MAY 20							0,	1921 N.C.			
ı	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	TOWN OF	LOCATIO	ON OF DE	ATH		9c. COU	NTY OF D	EATH
	AMT DOCTOR S	HOSPITAL O	F P.C.	co.	I	ANH	M-S	EABRO	OOK		PRI	ICE	GEORGE'S
	Md .	P.G.		10c. CITY	apit	OL	₩gt	s.					10d. INSIDE CITY LIMITS? 1X XYES 2 \(\) NO
	10e. STREET AND NUMBER 221 M.	aryland E	ark D	r.		101.	zip codi 207	43			10g. CITI	U.S	what country?
	11. MARITAL STATUS 1 Never Married 2 Married 35 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 X N		H	yes, spe	olfy Cube		IC ORIGIN? (Spe n, Puerto Rican,		or No-	Blaci	E — American Indian, k, White, etc.
	15. DECEDENT'S EDU (Specify only highest grade		18a. DEC	CEDENT'S	USUAL OC	CUPATIO	N and associated		16b. KIND	OF BUS	SINESS/INC	DUSTRY	
	Elemeptary/Secondary (0-12)	College (1-4 or 5+)			rork done d e retired.) Stic		OF WORKE	v		Cle	eani	ng	
	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAI	ME (First, Middle.	Malden	Surname)		
		Unknown				- 1		An	nie Sp	ive	⊇У		
	19a. INFORMANT'S NAME (Typo/Print) Marie Hayes		19b	MAILING Sa	ADDRESS Me a	(Street an	d Number	or Rural F	oute Number, Cit DOVE	y or Town	n, State, Zip	Code)	
	20s. METHOD OF DISPOSITION		20b. PLACE (OF DISPOS	SITION (Ner	ne of cem	etery, cren	natory or		20c. LO	CATION -	City or To	own, State
	tX Deurlei 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from Stata	other pla Harn	nony	Men	n. F	ark	3	/10/90	La	ando	ver	,Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22. 1	AME AN	ADDRE	SS OF FA	CILITY	C.	220	Tna	
7	Sany 1	t. Bra	it						gton & ughs A				•
	23. PART I. Enter the diseases, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in desth)			it	C	VA	ER	2+ f	lempl	egn	a)		Approximats interval Between Onset and Daeth
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): OUT TO (OR AS A CONSEQUENCE OF): OUT TO (OR AS A CONSEQUENCE OF): OUT TO (OR AS A CONSEQUENCE OF): OUT TO (OR AS A CONSEQUENCE OF):												
		resulting in death) LAST which schools theart disease gears											
	PART II. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b, WERE AUTOPSY FINDINGS ARMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO												
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Ch	eck only one)		-		
	1 TYES 2 NO	1 Inpatient 2 - Ef	VOutpatient 3	□ DOA	4 Nurs		5 🗆 R	esidence	6 Other (Spe	clfy)			
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJ (Month, Day,		28b. TIM	E OF IURY M	28c. INJU WOI 1 Y		NO	28d. DESCRIB	E HOW I	NJURY OC	CURED	
	2 Accident Investigation 3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								and Numbe	and Number or Rural Route Number,			
	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.												
	296. SIGNATURE AND TITLE OF CERTIFIE	R /					29c. LIC	ENSE NUI	ABER .		29d. DA	TE SIGNE	D (Month, Day, Year)
	brunditte	8000	ulu.	1			D	13	550)	•	3/	6190
2	O, NAME AND ADDRESS OF PERSON WITH BEYNADETTE	SOUNE	DEATH (ITE		Print)	SP.	en	25	treet,	,#2	,511	ver	Spry md
	MAR 1 3 1990	32 REGISTRAR'S	SIGNATURE AND AND AND AND AND AND AND AND AND AND	1 1				0					0

S 242 103-3146 Knf B 5	attending physician.
BALTIMORE, MARY LAND 21203-3146	age 6 may be retained by the hospital or director, page 5 should be detached for it must be madifiled at once
•	executed within a secure death. Pa and completely filled in by the funeral of to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	we requires that the death certificate be seen signed by the attending physician pp, of Health and Mental Hygiene programs and Intury or other transmissions.
DIVISION OF VITAL	O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mous after death. Page 6 may be retained by the hospital or attending physician. So THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 6 is the page 15 should be about the page 15 should be detached for use as the burial-transit permit. Page 6 is the page 15 should be a page 15 should be a page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be page 15 should be
	THE HOS THE FUN filed with

	FOR 1 - STATE REGISTRAR		STATE OF N					EALTH AND I	MENT	AL HYGIEN	_		
	1. DECEDENT'S NAME (First, AGNES K	Middle, Last) REBS						2. DA MA	TE OF DEATH RCH 6,	1 990	YEAR	3. TIME OF DEATH 4:33A M	
	4. SOCIAL SECURITY NUMBER 220-12-7		5. SEX 1 M 2 F F 7 8 YRS. 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Morith, Day, Year) 2 / 1 8 / 1							TE OF BIRTH Onth, Day, Year) /18/12	8. BIRTHPLACE (State or For		
OR	90. FACILITY NAME (If not ins THE JOHNS H	OPKINS		L			TIM	ORE CIT			9c. COU	NTY OF D	DEATH
DIREC	RESIDENCE OF DEC	10b. COUNTY			1		mor	e City					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL DIRECTOR	100. STREET AND NUMBER 152 N. L	uzern	e Ave.					21224	4		10g. CITI		WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 3 Wildowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2				ENDENT OF HISPAN ecify Cuben, Mexice 2 NO Specify	n, Puer		or No-	Blac	E — American Indian, k, White, etc.
COMPLETED		EDENT'S EDUC highest grade ((G life.	CEDENT'S ive kind of w Do NOT us	rork done e retired.)	during mo	DN st of working	1	Insur		USTRY	
BE CON	17. FATHER'S NAME (First, Mi George S	trick	roth					18. MOTHER'S NA Caroli	ine	Gibme	yer		
5	190. INFORMANT'S NAME (7) Carolyn	Krebs		1	52 N	I. I	uze			Balti	more	e , 1	1d. 21224
	20e. METHOD OF DISPOSITI Burlel 2 Cremetlo Donation 5 Other 21. SIGNATURE OF FUNERAL	n 3 🗆 Remo (Specify)		other pl	ece)	dee	mer	Cemete Cemetory or				ore,	Md. Baltimor
	Bem	nla	Telo	wsky	d.			browski		Son			ore, Md 2224
	23. PART I. Enter the di ehock, or h IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart fellure. I	let only one ceu		en.	loda	15m		ch as c	ardiac or resp	Iratory an	rest,	Approximete Interval Between Onset and Death 3 weeks
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. Human Lead Fractive DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL C	PERFORMED? 1 Yes 2 \(\text{NO}\) NO AVAILABLE PRIOR COMPLETION OF OF DEATH?									b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? COTHER:												
PHYSI	1 TYES 2 NO 27. MANNER OF DEATH Natural 5	1 Ups 1 Dispettent 2 ER/Outpattent 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year) (Month, Day, Year) 280. TIME OF INJURY AT WORK?											
TED BY	Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined Several Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point Point P									Route Number,			
COMPLET	29e. CERTIFIER (Check only one) 29e. CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, dels end place, end due to the cause(s) and manner ee stated. 29e. CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, dels end place, end due to the cause(s) and manner ee stated.												
BE	29b. SIGNATURE AND TITLE	OF CERTIFIER	ump		29c. LICENSE NUM				29d. DATE SIGNED (Month, Day, 1/6 ▶ 3/6/9 0			(Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WILLIAM GOODMAN 600 N WOLFFE												

DHMH-16 Rev 1/89

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	FOR STATE OF I	MARYLAND / DEPARTMENT OF H CERTIFICATE OF		TAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)		2. D	ATE OF DEATH	3. TIME OF DEATH				
	Frank Joseph	Kaspar	M	3 -9 -	90 7 8 "				
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs, last birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS. 7. D/	8. BIRTHPLACE (State or Foreign					
	717-109-7827 1XM20F	YRS. MONTHS DAYS		onth, Day, Year)	Maryland				
	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN	OR LOCATION OF DEATH		TY OF DEATH				
=	STELLA MARK	HUSDICE Town	son mi	ZIZON BA	LTIMORE				
EC CH	RESIDENCE OF DECEDENT			1 1 1					
4	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCAT	mm X	2+204	10d. INSIDE CITY LIMITS?				
HIG.	DALI	mire Tousa	- 1		1 TES 2 NO				
\$	10e. STREET AND NUMBER	141/1. AI	I. ZIP CODE	A//	EN OF WHAT COUNTRY?				
	2300 Ducaney	ering and	212	09-	WSH				
BY FUNERAL	Never Married 2 Married FORCES?	1 YES 2 YOO If yes, sp	ecify Cuban, Maxican, Pus		14. RACE — American Indian, Black, White, atc.				
5	3 Widowed 4 Divorced IF YES, GIVE	MAR OR DATES 1 TYPES	2 NO Specify:		Specify: White				
ב ב	15, DECEDENT'S EDUCATION	16a. DECEDENT'S USUAL OCCUPATION	ON I	16b. KIND OF BUSINESS/INDU	JSTRY				
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5	(Give kind of work done during mo	set of working						
7	9	Machinist		Mechanical					
COMPLE	17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S NAME (FI	rst, Middle, Malden Surname)					
	Frank J. Kaspar		Anna Ba	llat					
מ כ	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street a	and Number or Rural Route I	Number, City or Town, State, Zip	Code)				
-	Rosemary Downs	130 Green	Ridge Roa	d, Luthervill	le, Md. 21093				
	20a. METHOD OF DISPOSITION 1 □ Buriel 2 □ Cremation 3 □ Removal from State	20b. PLACE OF DISPOSITION (Name of centile place)	metery, crematory or	20c. LOCATION — C	City or Town, Stata				
	4 Donation 5 Other (Specify)	Holy Redeemen			, Maryland				
-	21. SIGNATURE OF FAMERIA SERVICE HISTORY	May 1	NO ADDRESS OF FACILITY	II-Wiedefeld					
	Bryan W. C	dany		ryland 21093					
	23. PART I. Enter the diseases, or complications th	at caused the deeth. Do not enter the mo			eat, Approximate				
- [shock of heart failure. Liet only one co	and each line.			Interval Between Onset and Death				
	IMMEDIATE CAUSE (FINE)								
	resulting in death) a. Prewmonil's Due to (or as a consequence of):								
_	Sequentially list conditions to PARKINSONIAN SYNTHOUSE, DEMENTIA								
HILICALION	if any, leeding to immediate								
5	CAUSE (Disease or injury								
	that initiated events resulting in deeth) LAST	O (OR AS A CONSEQUENCE OF):							
E E	d								
7	PART II. Other aignificent conditions contributing to	deeth but not resulting in the underlyin	g ceuse given in Part	I. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS				
2		PERFORMED? AVAILAB							
MEDICA				1 120 2 1 1 10	OF DEATH?				
				1					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	26. P	LACE OF DEATH (Check or	ly one)					
2	EXAMINER? 1 ☐ YES 2 ☑ NO 1 ☐ Inpetient 2	□ ER/Outpetient 3 □ DOA ON Nursing Hor	ne 5 🗆 Rasidence 6 🗀	Other (Specify)					
Ī	27. MANNER OF DEATH 28s. DATE O	F INJURY 28b. TIME OF 26c. IN.	JURY AT 28d.	DESCRIBE HOW INJURY OCC	URED				
87 P	1 X Natural 6 Pending		YES 2 NO						
	3 Suicide 28e. PLACE	LOCATION (Street and Number	or Rural Route Number,						
E	4 Homicide determined	s, etc. (Specify)		City or Town, State)					
COMPLE	29a. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the bast of	of my knowledge, death occurred at the time, date	and place, and due to the	cause(s) and manner as state	ed.				
2	Constant Constant	axamination and/or investigation, in my opinion,							
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c, LICENSE NUMBER	29d, DATE	SIGNED (Month, Dey, Year)				
N H	Carla & alex	Landerro	D2718	7	3-9-98				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAI	JSE OF DEATH (ITEM 27) (Type, Print)	22700	/	7 1-10				
	Carla S. Alexander, M.		ospice, Tov	vson, Md. 21	204				
	MAR 13 1990	eviden gardelle							

made the second

TO BE COMI	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
ir death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND I	MENTAL HYGIENE REG. NO.				
	1. OECEDENT'S NAME (First, Middle, Last)				2. DATE OF OEATH MONTH DAY	YEAR 3. TI	ME OF DEATH		
	Laura	A. Keese			3- 7-	1990	7 5 M		
	4. SOCIAL SECURITY NUMBER 212-03-5377	5. SEX 6. AGE (In	DER 1 YEAR IF UNDER 24 HRS. 8 DAYS HOURS MIN.	Country Con Many					
	9e. FACILITY NAME (If not institution, give st	ireet and number)	9b. C	TY, TOWN OR LOCATION OF DE		c. COUNTY OF DEATH			
TOR	Harford MUNOOR	ial Hospita	L		STACE	Hararo			
DIRECTOR	MD HA	RFORD		N OR LOCATION EFORD			INSIDE CITY LIMITS? XYES 2 NO		
	10e. STREET AND NUMBER			101. ZIP COOE	10	g. CITIZEN OF WHAT	COUNTRY?		
FUNERAL	1546 MAIN	ST.		2116	0	USA			
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES		 WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexica 		No — 14. RACE — Ar Black, Whit	merican Indian, te, atc.		
B	3 X XVIdowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES	1 TES 2 THO Specif	y:	Specify:	XII		
	15. OECEDENT'S EDU	CATION	16a. DECEDENT'S USUAL		16b, KIND OF BUSINE	SS/INDUSTRY	10.00		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	Ille. Do NOT use retire	•	TEXT				
MP	9yrs		SEAMST						
8	17. FATHER'S NAME (First, Middle, Laist) AUGUSTUS PEERY				ME (First, Middle, Maiden Surr	name)			
H	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	ESS (Street and Number or Rural		itete. Zio Code)			
임		HARDSON				D.,2116	0		
	20a. METHOD OF DISPOSITION	20b.	PLACE OF DISPOSITION	(Name of cemetery, cremetory or	20c. LOCAT	TON — City or Town, S	tate		
1 1	1 V Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)			EMORIAL GAR		AIR., M	D.		
	21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND ADDRESS OF FA			D 0.4		
	> 1/pm 10.	allett	į į	ARKINS F.H.	INC., GUU M	TAIN ST,	DELTA, PA		
	23. PART i. Enter the diseases, or shock, or heart failure.	compilcations that caused List only one cause on es		ter the mode of dying, suc	ch es cerdiac or reepirete	ory arreet,	Approximate Interval Between		
	IMMEDIATE CAUSE (Finel disease or condition	Gardi	ere of b	20000000	no tri		Onset and Death		
	IMMEDIATE CAUSE (Fine) disease or condition reculting in death) Onset and Death Onset and Death								
_	ASCUP '								
[[Sequentially list conditions, If any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):								
<u>8</u>	cause, Enter UNDERLYING CAUSE (Disease or injury	E	CONSEQUENCE OF:						
CERTIFICATION	that initiated events resulting in deeth) LAST	DUE TO (OH AS A	CONSEQUENCE OF):			ì			
		a	,						
뒿	PART II. Other significant condition	is contributing to death bu	Lookseculting in the	underlying cause given in	Part I. 24s. WAS AN AUT PERFORME	EQ? AVAI	E AUTOPSY FINDINGS LABLE PRION TO		
MEDIC	- Crace	eyou	19		1 T YES 2 T	MO OF 0	PLETION OF CAUSE DEATHT		
Σ		-/		-		10	YES 2 (IMO		
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	hack only one)				
SIC	EXAMINER?	HOSPITAL:	tient 3 DOA 4 D	IER: Nursing Home 5 Residence					
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF INJURY (Morth, Day, Year)	286. TIME OF SNJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJU	JRY OCCURED			
ΒY	1 Matural 5 Pending Pending Investigation	III. COLORESTO DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA DE LA COLORESTA		1 □ YES 2 □ NO					
ED 1	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, fams, street, ly)	factory, office	281, LOCATION (Street and City or Town, State)	Number or Russi Routs	Mumber		
	An- CERTIFIER				1				
COMPLET	(Check pay 1 DEERTHYING PHYS	ICIAN: To the best of my knowle ER: On the basis of examination					manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIE			29c. LICENSE NU		ed. DATE SIGNED (Mon			
BE	totur	2 year	mi	DIZI	90	· 3/8/	90		
유	M HAME AND ADDRESS OF PERSON WI	TO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, print)		- / 0"				
	JOHN (YUN,	112	VRB DE	GRAC	B', M	0		
	31. DATE FILED (19/1) Pay Mar 100	22 REGISTRAD'S SIGNA	TUI Dankatte	VC4-1					

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ifter death. Page 6 may be retained by the hospital or attending physician
TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burdal-tran	y the funeral director, page 5 should be detached for use as the burial-traingness
the world is the standard or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	cal examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

for use as the burial-transi

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL	HYGIENE	:	
1. DECEOENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH		3. TIME OF DEATH
	L T	11-	H -51	0	MONTH	DA'	90	AR
FREDERIC 4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	3	12 OF BIRTH		SIRTHPLACE (State or Foreign
		MON	THS DAYS	HOURS MIN.		, Day, Year)		Country)
212-10-7731	1 M 2 F 7	O YRS.			3/3	/1911	l M	Caryland OF DEATH
9s. FACILITY NAME (If not institution, give s	street and number)	9b.	CITY, TOWN O	R LOCATION OF DE	EATH		9c. COUNTY	OF DEATH
Harbor Hospita	al Center		Ra1+	o.City	ЬM			
RESIDENCE OF DECEDENT			Duit	O.CICY.	rriu .			
10e. STATE 10b. COUNTY	Y	10c. CITY, TO	WN OR LOCAT	ION				10d. INSIDE CITY LIMITS?
Maryland	~	Balt	o.Cit	v Ma				1 TY YES 2 NO
10e. STREET AND NUMBER		Daio	101	ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
1726 6 11								
1736 S.Hanove				2123				USA
11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 _ YES	U.S. ARMED		ENGENT OF HISPAN ecify Cuberi, Mexics			or No- 14.	RACE — American Indian, Black, White, etc.
1 Never Married 2 Married 3. Widowed 4 Olvorced	IF YES, GIVE WAR OR DA			2 NO Specify		,		Specify:
XX widowed 4 Olvorced								White
15. DECEDENT'S EDU (Specify only highest grade	ICATION	16a. DECEDENT'S USU (Give kind of work	AL OCCUPATIO	N et al working	18b.	KIND OF BUS	INESS/INOUST	RY
Elsmentery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use ret	ired.)	st or working				
The South Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of		Boiler	Make	r		Ma	.Drv	Dogle
7th Grade 17. FATHER'S NAME (First, Middle, Lest)			TIGHT	18. MOTHER'S NA	ME /Eirot A			DOCK
							_	
Frederick J.	Koch Sr.			Veror	nica		R	owan
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	PRESS (Street s.	nd Number or Rural	Route Numb	ber, City or Town	State, Zip Coo	de)
Mrs June Watts	3	1715 B	vrd S	t.Balto	ьма	2123)	
20s. METHOD OF DISPOSITION		PLACE OF DISPOSITIO				20c. LO	ATION — City	or Town, State
1 Buriel 2 Cremetton 3 Rem		other place)						
4 Donation 5 D Other (Specify)	OFWEET G	Ten Have	n Mem	Orial P	ark.	G	len B	urnie, Md.
21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE	/					Bal ·	to.Md.21230
11/0 5/10	V 1/201		McCul.	ly Fune	ral	Home	.130	E.Fort Ave.
A Curry	1 Carlos States							
23. PART I Enter the diseases, or shock, or heart failure.	List only one cause on a		antar tha mo	da of dying, suc	n as card	nac or respi	story srrest.	, Approximats Interval Between
				_				Onset and Deat
disease or condition	a. Responses out to on as a chonic out to on as a chonic out to on as a chonic out to on as a chonic out to on as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one as a chonic out to one achieve out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic out to one a chonic	irator	y f	FAILUR	0			
resulting in dasth)	OUE TO (OR AS /	CONSEQUENCE OF):/		.,,				
	Chenic	o heTail	Tive	Dila	4 .	۵. ک	Seal	
Sequentially list conditions,	b. DUE TO (OR AS (CONSEQUENCE OF		Picci	7	<i></i>		
if any, leading to immediate	Otto O	CONSEQUENCE OF).	1.7	-6 -				
causa. Entar UNDERLYING CAUSE (Disease or injury	c card	iac Ar	Lyr	ruy de				
that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	•					
resulting in death) LAST	d.							
PART II. Other significant condition	ns contributing to death b	ut not resulting in the	ha Undarlying	g causa given in	Part I.	24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						1 YES 2		COMPLETION OF CAUSE
						1 120 4	X	DF DEATH?
					_			1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (C)	heck only or	10)		
EXAMINER?	HOSPITAL:		THER:	e 5 🗆 Residence	8 🗆 Othe	r (Specify)		
27. MANNER OF DEATH	28s. OATE OF INJURY	28b. TIME O				SCRIBE HOW II	JURY OCCUR	ED
1 Natural 5 Pending	(Month, Day, Year)	INJURY	WC	PRK7				
2 Accident Investigation								
3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spe	 At home, fsrm, stree cify) 	it, fectory, offic	•	28f. LOC City	ATION (Street a or Town, State)	nd Number or I	Rural Route Number,
4 Homicide determined								
29s. CERTIFIER	NCSAN To the best of my bear	de de citate de constant	a sh - slav - das-			(-)		
CONSCIN ONLY	SICIAN: To the best of my know							
2 MEDICAL EXAMIN	ER: On the basis of axaminetion	n and/or investigation, in	n my opinion, o	leath occured at the	time, date	and placs, sn	d dus to the co	suse(s) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	MBER		29d. DATE SI	IGNED (Month, Day, Year)
8//		1-16					> 7	3-12-90
Temo a								12 60
30. NAME AND ADDRESS OF PERSON WI				10		-	0	
CARLOS A.	CONRAVO	H	Ar6	or H.	Spi	TAL	Cer	lle
MAR 1 3 1900	A REGISTRARY	20.5						

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1110

	FOR STATE REGISTRAR		STATE OF I	MARYLA		DEPARTI					MENT	AL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First,	, Middle, Last) Kenn	eth	Pat	rick	ς.	Led	for	i i		2. DAT	TE OF OEATH DA	γ	YEAR	3. TIME OF DEATH 6:00PM	м
	4. SOCIAL SECURITY NUME 225-43-82		5. SEX 1 M 2 F	8. AGE (1	n yrs. leet		F UNDER 1	YEAR DAYS	IF UNDER	R 24 HRS.	Z. DATE	E OF BIRTH nth, Day, Year)	73	8. BIRTH Countr V 1 Y	IPLACE (State or Foreign y) ^ginia	7
OR	9a. FACILITY NAME (If not in Woods, behi	ind cor	neet and number) Merri Nstructio	X Hi	ll ail	T.		el i	Air	ION OF O	EATH			ord	County	
DIRECTOR	nesidence of dec 10s. STATE Maryland	10b. COUNTY	arford			10c. CITY,		ela							10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	106. STREET AND NUMBER 1447 Landis Circle 109. CITIZEN OF WHAT CO															
B	IF YES, GIVE WAR OR DATES 1 □ YES 2 💢 NO Specify: Whi						k, Whita, etc.									
COMPLETED	15. DEC (Specify onl) Elementary/Secondary (C	EDENT'S EDUC y highest grade 0-12)	CATION completed) College (1-4 or 5	+)	(G)	CEDENT'S US We kind of wor Do NOT use of	rk done d retired.)	CUPATIO uring mo	ON at of world	ing	10	6b. KIND OF BUS	INESS/INC	DUSTRY		
8	17. FATHER'S NAME (First, M	fiddle, Last)				daciro			18. MOT	HER'S NA	AME (First	t, Middle, Maiden	Surname)			
BEC	Tony	W	. Led	ford						Li	nda	W	illia	am		
2	198. INFORMANT'S NAME (Type/Print) Tony W. Ledford 190. MAILING ADDRESS (Street and Number or Pure) Poure Number, City or Yown, Stete, Zip Code) 1447 Landis Circle Belair, Md. 21014						14									
	20a, METHOD OF DISPOSIT 1 A Burial 2 Crematic 4 Donation 5 Other	on 3 🗆 Rame	oval from State	20b.	other pla	of dispositive M	ION (Nan	ne of con	netery, cre-	matory or 12/9(0		anvi]		wn, State Virginia	2
	21. SIGNATURE OF FUNERA	L SERVICE/LIC	ENSEE Milto	n J K			22. N	IAME A	O ADDRE	ESS OF FA	ACILITY	Inc. 5	_	21214 Harfo	4 ord Road	
	23. PART I. Enter the d ahock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)	eart fellure.	Contac	t gur	ich line isho		nd c			ring, suc	ch aa ca	ardiac or reapi	ratory en	rest,	Approximeta Interval Betw Onset and De	
CERTIFICATION	Sequentielly list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju- that Initieted events resulting in death) LAS	ing ury	c			QUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other eignifice	ent condition	s contributing to	death b	ut not r	esulting in	the un	derfyln	g cause	given in	Part I.	24a. WAS AN PERFOR	MED?		D. WERE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? D NO							E								
ВУ РНУ	2 Accident Investigation							f								
						for										
Woods City or Town, Stere Could not be determined Woods Merry Hill Ct., Belair, Harfol							rd.									
296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNEO (Month, Day, Year)																
요	30 NAME AND ADDRESS O	E PERSON WH	D COMPLETED CAL	ISE OF DE	ATM (ITE	M 27) /Sma 6	Defeat)	-								$\overline{}$

111 Penn Street, Baltimore, MD 21201

WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PERETTI, MD

IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

MAR 13 1990

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR	STATE OF I		/ DEPAR					MENTA	L HYGIEN REG. NO			
1. DECEDENT'S NAME (First, Middle,	Last)							2. DATE	OF DEATH	AY	YEAR :	3. TIME OF DEATH
i e	Nichola	S S		LA	FFLE	R			ch 8.	1990	, Land	10:13p ™
4. SOCIAL SECURITY NUMBER 220-05-7927	8. SEX	6. AGE (In yrs. 69	lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Mont) Dec.	OF BIRTH h. Day, Year) 30,19	920	Country)	ryland
9a. FACILITY NAME (If not institution,	, give street end number)			9b. CITY	, TOWN C	R LOCATI	ON OF DI				ITY OF DE	
Franklin Squa					Ross	vill	e			Balt	imore	County
10a. STATE 10b. C	ounty altimore			alti	== =							10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER			D	ar ur	_	. ZIP COD				10g. CITE	ZEN OF WH	YES 2 X NO
l Farwell Co						212	36				U.S.	A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDEN FORCES?	YES 2 [WAR OR DATES	ARMED NO WW11		If yes, sp		in, Mexica	n, Puerto	t? (Specify Yea Rican, atc.)	e or No—		- American Indian, White, atc. : White
15. DECEDENT' (Specify only highes		18a.	DECEDENT'S	USUAL O	CCUPATIO	ON .		18t	KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of the Do NOT us Machi	iss retired.)	aunng mo	st of works	ng		Bendi	x Cor	rp.	
17. FATHER'S NAME (First, Middle, La	nst)					18. MOT	HER'S NA	ME (First,	Middle, Maiden	Surname)	-	
Max Lat	ffler					K	atri	no	Sa	ilor		
19a. INFORMANT'S NAME (Type/Prin	1)		19b. MAILING	3 ADDRES	S (Street a	nd Numbe	r or Rural	Route Num	ber, City or You	rn, State, Zip	Code)	
Ella Laffler			Same	As	#10							
20s. METHOD OF DISPOSITION		20b. PLA	CE OF DISPO	SITION (No	ime of cer	netery, crer	natory or	-	20c. LC	CATION -	City or Tow	n, State
1 Burial 2 Cremetion 3 C 4 Donation 5 Other (Specify			nev V	alle	v Me	m. G	ards	. 3-	10-90	Timo	nium	, Md. 2109
21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE			22.	NAME A	ID ADDRE	SS OF FA	CILITY				,
Wallace	2 S. Br	obs	21.						al Honowson,	•		4
23. PART i. Enter the disease												Approximata
ahock, or heert fe	ilure. Liet only one ce	use on each i	ine.									Onset and Death
disease or condition	Cereb	rovascu	ılar I	nfar	ctio	n.						
resulting in death)		(OR AS A CON			00.0						-	1
Sequentially liet conditions, if any, leading to immediate	DUE TO	(OR AS A CON	SEQUENCE O	F):								
cause. Enter UNDERLYING CAUSE (Disease or injury	G											
that initiated events	DUE TO	(OR AS A CON	SEQUENCE O	P):								
resulting in deeth) LAST	d											
PART ii. Other aignificent cor	aditions contributing to	deeth but no	ot resulting	in the u	nderlyin	n csuse	alven in	Part i	24a. WAS AN	ALITOPSV	24b 1	WERE AUTOPSY FINDINGS
Hypertens					, a c , i	9 00000	givoirii		PERFO	RMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE
								_	1 TYES	2XXVX	1	OF DEATH?
												1 TYES 2 NO
25. WAS CASE REFERRED TO MEDI	CAL				26. Pi	ACE OF D	DEATH (C)	neck only o	ne)			
EXAMINER? 1 YES 2 X NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE	R:			8 🗆 Othe				
27. MANNER OF DEATH	28a, DATE O	INJURY	28b. TIN	ME OF	28c. IN.	URY AT		7	SCRIBE HOW	INJURY OC	URED	
1 X Natural 5 Pending	9	Day, Year)	IN.	JURY		YES 2	NO					
3 Suicide 8 Could a 4 Homicide determi	28e. PLACE (OF INJURY — At atc. (Specify)	home, ferm,	street, fac	tory, offic	•			ATION (Street or Town, State		or Rural Ro	oute Number,
	PHYSICIAN: To the best of	f my knowledge	, death occur	red at the	time, data	end place	a, and due	to the ca	use(a) and ma	nner as stat	ed.	
000)	(AMINER: On the basis of	examination and	or investigation	ion, in my	opinion, d	eath occu	red at the	time, date	and place, a	nd due to th	e cause(e)	end manner as stated.
29b. SIGNATURE AND TITLE OF CE	RTIFIER					29c. LIC	ENSE NU	MBER		29d. DATI	E SIGNED	Month, Day, Year)
Steple) 2. K	nny	5 N	10		N/				13	18/	90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Stephen Kinney, M.D. 9000 Franklin Square Dr., Balto., 21237

32. REGISTRAR'S SIGNATURE

Julia Baudon Rondoll

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 nours after dea	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu	crema
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- 1	1. DECEMENT'S NAME (First, Middle, La	isty 1. 16			ICATE OF		2. DATI	REG. NO.		3	TIME OF DEATH
. 1	ELGE	LIVU	ie L.	Lov	<i>r</i> e		MO	1 101	90	EAR 3.	CK5/A "
	4. SOCIAL SECURITY NUMBER	V	AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		BIRTHPL/ Country)	NCE (State or Foreign
	9a. FACILITY NAME (If not institution, gr	1 M 2 NF	74	YRS.		OR LOCATION OF D		06-15	9c. COUNTY		irginia
5	Anne Arundel		tal		Annap		EAIH				" undel
ECTOR	RESIDENCE OF DECEDENT			10c. CITY	Y, TOWN OR LOCAT				Anne		d. INSIDE CITY
2	Maryland Bal	timore			sedale	100				757	LIMITS?
AL	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CITIZEN	OF WHA	T COUNTRY?
LONER	5122 Kenwood .	Avenue 12. WAS DECEDENT EV	ED IN ITS AS	DMED	12 WMS DEC	21206 ENDENT OF HISPA	NIC OBIO	N2 /Caralty Van		SA	American Indien,
	1 Never Married XXMerried	FORCES? 1 IF YES, GIVE WAR	YES 2		If yes, sp	ecify Cuban, Mexico 2 NO Specia	in, Puerto		or NO 14.	Black, W Specify:	
	3 Widowed 4 Divorced									hit	e
	15. DECEDENT'S (Specify only highest g	rade completed)	(6	ECEDENT'S Sive kind of w s. Do NOT us	USUAL OCCUPATE vork done during mo to retired.)	ON ost of working	16	b. KIND OF BUS	SINESS/INDUST	TRY	
	9	College (1-4 or 5 +)		Home	emaker		1				
COMP	17. FATHER'S NAME (First, Middle, Last)	9				16. MOTHER'S NA	ME (First,	Middle, Meiden	Surname)		
1	James Beckett 19a. INFORMANT'S NAME (Typo/Print)		10	A MARINO	ADDRESS /Street	Emma F				of a l	
	Ted C. Love		11.0			d Ave.					
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 1	Removal from State		OF DISPOS		metery, crematory or	Dul		CATION — City		State
	4 1 Donation 5 Other (Specify)				Cemet			Ba	1timo	re,	Md.
	21. SIGNATURE OF FUNCTIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY CVach Funeral Home Inc.						Tnc				
	· Marc	///									
	shock, or heert fellu	or complications that ca ire. List only one cause			1211	Chesaco	Av	e. Ra	1to		21237 Approximate interval Between Onset and Death
		a. Condo DUE TO (OR OUE TO (OR C. Produ	AS A CONSE	EQUENCE OF	1211 not enter the mo	Chesaco	h ss car	e. Ra	1to		Approximate interval Between
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Will All CC DI 1	Approximate interval Between Onset and Death Onset and Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death Death

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TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-200m and the second of the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the many conditions and 5 should be detached)	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical azaminer must be notified at once.
within 2 " noun; after dear	pletely filled in by the turn	premation, or removal.	ent, the medical exam
r certificate be executed	nding physician and com	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or minoral	or other traumatic ev
v requires that the death	been signed by the atter	t, of Health and Mental	shows any Injury, o
NG PHYSICIAN: The law	fter this certificate has	eath with the State Dep	marked, or item 23
HOSPITAL DR ATTENDI	FUNERAL DIRECTOR: A	within 72 hours after di	TANT: If Item 28 is
TO THE	TO THE	be filed	IMPOR

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	HEGISTHAH		- CL	TAR ST.	CALL	OI.	DEALD	HE	G. NU.			
1	1. DECEDENT'S NAME (First, Middle, Last) Hazel E. I	Lentz		,				2. DATE OF DI MONTH	DA O C		YEAR O	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	hirthday	IF UNDER 1	YEAR	JF UNDER 24 HRS.	7. DATE OF BI)		ACE (State or Foreign
	223-94-3275	1 🗆 M 2 🔀 F	77	YRS.		DAYS	HOURS MIN.	(Month, Day,		3	Country)	Virginia
	9a. FACILITY NAME (If not institution, give st	treet and number)			9b. CITY,	TOWN C	OR LOCATION OF DE	ATH		9c. COUN	ITY OF DEA	тн
OR	4818 Deer Park R	Road			70	wing	gs Mills				Balt	imore
2	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		the CIT	r, TOWN OF	R L OCAT	DON				14	Dd. INSIDE CITY
DIRECTOR	1000000	Baltimor	е				Mills					LIMITS?
FUNERAL	10e. STREET AND NUMBER					101	. ZIP CODE					AT COUNTRY?
NEF	4818 Deer Park Ro					\perp	21117	_				States
F	11, MARITAL STATUS 1 Never Married 2 Married	FORCES? 1	T EVER IN U.S. ARI		11	yes, sp	ENDENT OF HISPAN ecify Cuban, Mexican	n, Puerto Rican,		or No-	14. RACE - Black, \	- American Indian, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE V	AR OR DATES		1	☐ YES	2 X NO Specify				Specify:	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	/G/	ve kind of v	USUAL OC	CUPATIO	DN ist of working	18b. KIND	OF BUS	INESS/IND	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT us								
MP	6th grade 17. FATHER'S NAME (First, Middle, Lest)			louse	wire		16. MOTHER'S NAI	ME (Elmt Michilla	Maidan	Cumama)		
		Shipe					Charles Cardinan	abeth				
BE	19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS	(Street a	and Number or Rural F				Code)	
임	Mrs. Frances Pe	regoy		4818	Deer	. Pa	ark Road	Owing	s Mi	11s.	MD	21117
- 1	26a. METHOD OF DISPOSITION 15€XBurlet 2 ☐ Cremetion 3 ☐ Rem.	oval from State	20b. PLACE of	DE DISPO	RITION (Non	no of one	melany commetony or		200 100	CATION -	City or Town	State
	4 Donation # D Other (Specify)		//	Eve	rgree	en M	femorial	Garden	s F	inks	burg,	MD
	21. SIGNATURE OF PUNISHAL SERVICE LIC	MI	enteir	,	22, N	ori	ing Byers	Funera	al H	lome		
	23. PART I. Enter the disesses, or o	complications the		ath. Do i			Liberty					MD 21133 Approximate
	ehock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition	List only one cau	ardial				50			,	,	Interval Between Onset and Death
- 1	resulting in death)	e. Due to	(OR AS A CONSEC	NIENCE O	n·							-
_						[ear	rt Disea	ase				10 yrs
وَ	Sequentielly list conditions, If any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE O	F):							
<u>₹</u> [cause. Enter UNDERLYING CAUSE (Disease or Injury	C										
CERTIFICATION	that initiated evente resulting in deeth) LAST	DUE TO	(OR AS A CONSEC	NUENCE O	F):							
S		d										+
	PART II. Other eignificent condition	e contributing to	death but not r	esulting	In the und	derlyin	g cause given in	Part I. 24s.	WAS AN	AUTOPSY RMED?		VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
EDICAL								15	YES 2	- Mo		COMPLETION OF CAUSE OF DEATH?
Σ								_			1	☐ YES 2 ☐ NO
AN	AT WHE CASE DESCRIPTION TO AVERAGE							1				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ 200 4	OTHER	:	LACE OF OEATH (Ch		051			
H	27. MANNER OF DEATH	28a. DATE OF	NJURY	28b. TIM	E OF	28c. IN.	ne 5 □\Residence JURY AT	28d. DESCRIB		NJURY OC	CURED	
	1 Netural 5 Pending Investigation	(Month, L	Day, Year)	IN.	JURY		YES 2 NO					
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE (OF INJURY — At he	me, ferm,	street, fecto	ory, offic	De .	281. LOCATION City or Toy			or Rural Ro	ute Number,
TED	4 Homicide determined		, and (oponly)					Oily or Nov	vii, Oleloy	'		16.
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI One) 2 MEDICAL EXAMINE											and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	F	-				294" CENSE NUI					Month, Day, Year)
TO BE	cray t	Javes	N.				D2486	6			3-12	- 90
Ĕ	36. NAME AND ADDRESS OF PUR DN WHO					Pa	rk Rd.,	Reist	ters	stow	n, M	d.21136
	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE					· · · · · · · · · · · · · · · · · · ·				

2. DATE OF DEATH DAY

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

Pages 1, 2, 3 should

1	BRYAN	KETTH	LITTL	E					MARCH 9	1990		1.30A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDES	MIN.	7. DATE OF BIRTN (Month, Day, Year)			LACE (State or Foreign
	218-64-0436	28 2 M 2 □ F	32	YRS.	WONTHS	LIATS	HOURS		9-12-57		M	_
- 13	9a. FACILITY NAME (If not institution	-			9b. CITY	r, TOWN O	R LOCATI	ION OF OE	ATH	9c. COUN	NTY OF DE	ATH
OB	THE JOHNS HO		TAL			BALT	IMOR	E		BALT	CIMOR	E CITY
DIRECTOR	RESIDENCE OF DECEDE 10e. STATE 10b.	COUNTY		10c CIT	Y, TOWN	OR LOCAT	ION		-		1	10d. INSIDE CITY
18	MD				ALT			ITY			ic.	LIMITS?
	10e. STREET AND NUMBER					101	ZIP COD	F		T the CITI		AAT COUNTRY?
RA	Service and the service of	DATETMODE	a a m	4 T) (T) T	,							
BYFUNERAL	1828 EAST	12. WAS DECEDE	NT EVER IN U.S.	ARMED		WAS DEC	-	231 DE NISPAN	IC ORIGIN? (Specify Ye		USA 14. BACE -	- American Indian.
E I	3(12) Never Married 2 ☐ Marrie	FORCES?	1 ☐ YES 2 €	☑ NO		If yes, spe	ecity Cubi	on, Maxican Specify:	, Puerto Rican, etc.)		Black, Specify	White, etc.
	3 Widowed 4 Divorced						tell					BLACK
윤	15. DECEDEN' (Specify only higher	T'S EDUCATION est grade completed)	16a.	DECEDENT'S	work done	during mo	ON at of world	ing	16b. KIND OF BU	JSINESS/IND	USTRY	
LETI	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ille. Do NOT u	se retired.)				1			
COMPL	9th Grade		D^{*}	isabl	ed				NA.			
8	17. FATHER'S NAME (First, Middle, I						18. MOT	'NER'S NAI	ME (First, Middle, Maide	n Surname)		
BE	JOHN A. 19a, INFORMANT'S NAME (Type/Pri		R .	405 MAII (NI	ADDRES	P (Oten et e		RIS	loute Number, City or To	BAKE		
임	The second of the second second	-75							A ANGEL COME			WD 01017
6	DORIS LI			1814 CE OF DISPO						OCATION —		MD 21213
1	20a. METHOD OF DISPOSITION 1 Burlai Conference 3 4 Donation 5 Donation (Special Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conference Conferen	Removal from State	othe	r place)								
	21. SIGNATURE OF FUNERAL SER		(1)	<u> PENM</u>				SS OF FAC		T.TTM	ORE	MD .
	DI WALLO	ra In	MAL		T.7	84 C	8.4.A	DOTT	TI TI 11	01 17	717.0	RTH AVE.
12	LUNCA		MI									
1	23. PARK J Enter the diseas shock, or heart t	ea, or complications the fellure. List only one ca			not ante	r (na mo	da of dy	/ing, sucr	n as cardiec or ree	piratory sn	reet,	Approximate Interval Between
	iMMEDIATE CAUSE (Fine) disesse or condition	A))			- 1 .		1.	`	-1			Onset and Death
	disesse or condition resulting in deeth)	s. A CO	O (OR AS A CON	SEQUENCE O	145	(7	03	stre	55 57X	ran	5	1 रद्भार
-												ZOOTHS
2	Sequentially list conditions, If any, leading to immediate	OUE TO	OR AS A CON	SEQUENCE C	OF):		100		119			
CA	cause, Entar UNDERLYING CAUSE (Disesse or injury	· how	in i	me	100	Jef	7400	9	20-1x	STIL	522	3 years
CERTIFICATION	that initisted evants reaulting in death) LAST	DUE TO	O (OR AS A CON	SEOUENCE C	OF):			1				
H	readiting in death) EAST	d										
	PART II. Other significent co	onditiona contributing t	o death but ne	ot resulting	in the u	nderlyin	g cause	given in		N AUTOPSY		WERE AUTOPSY FINDINGS
MEDICAL									1 YES	2 ("NO	- 1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
											1	OF DEATH? 1 YES 2 NO
ä									_			
4	25. WAS CASE REFERRED TO MED EXAMINER?						ACE OF	DEATH (Che	eck only one)			
SICI	1 U YES 2 HO	HOSPITAL:	☐ ER/Outpation	3 🗆 DOA	4 A Nu		10 5 🗆 F	Residence	6 Other (Specify)			
РНУ	27. MANNER OF DEATH	28a. OATE C (Month,	F INJURY Day, Year)	28b. Til	ME OF	28c. INJ WC	URY AT		28d. OEŞCRIBE NOW	INJURY OC	CURED	
B	1 Natural 5 Pendi 2 Accident Invest	tigation			М		YES 2	□ NO				45-
<u>a</u>	3 Suicide 6 Could 4 Nomicide determ	not be building	OF INJURY — A	t home, farm,	street, fac	ctory, offic	•		281. LOCATION (Street City or Town, State		r or Rural Ro	oute Number,
		311 3881 389										
틸	cont only	PHYSICIAN: To the best										
COMPLET	2 MEDICAL I	EXAMINER: On the basis of	examination and	/or investigati	lon, in my	opinion, c	leath occi	ured at the	time, data and place,	end due to ti	he cause(a)	and menner as stated.
ш	29b. SIGNATURE AND TITLE OF C	ERTIFIER					29c. LIC	CENSE NUN	MBER	29d, DAT	E SIGNED	(Month, Day, Year)
TO B	Albut F	+1201.	1 1	10			PE	NOI	NC	1 3	3/9	190
-	30. NAME AND ADDRESS OF PER	SON WHO COMPLETED CA	USE OF DEATH		e, Print)	1.11	100 /.	0	. Balto	n A	01	215
	31. OATE FILED (Month, Day, Year)	32 REGISTI	AR'S SIGNATUR		2	, , ,,	Tours	IT	· isace(D)	. //4	• 0'	
	MAKT 3 1990	1 guna Da	AR'S SIGNATUR	MARIE			U					

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(5 1, 2, 3 should	
BALTIMORE, MARYLAND 21203-3146	ay by retained by the hospital or attending physician.	in page 5 should be detached for use as the burial-transit permit. Pages	ist be notified at once.
BALTIMOS	irs after death. Page 6	led in by the funeral directo	medical examiner mu
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within . As after death. Page 6 any to transing by the hospital or attending physician.	TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending playsician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of negatified any well at higher prior to burke, contactor, or ferrows. IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARY		ENT OF HEALTH AN		GIENE 3. NO.	30 0023,
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DE		3, TIME OF DEATH
ľ	MARU Lewis			MONTH 2	7 90	AR 11:18 P M
1		E (In yrs. lest birthday) IF	UNDER 1 YEAR IF UNDER 24 HF	s. 7. DATE OF BIRT	TH 8.1	BIRTHPLACE (State or Foreign
	714-64-05/1 10MZEF	79 YRS. MO	THE DAYS HOURS MI	(Month, Day,) 2 - 2		Country) Md
	9a. FACILITY NAME (If not institution, give street and number)	96	CITY, TOWN OR LOCATION O		9c, COUNTY	7 1 0
	Sinai Hospital		Baltimore		12.23.3	
3	RESIDENCE OF DECEDENT					
nection.	10e. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY LIMITS?
5	MD	84	40			1 X YES 2 NO
LOINEDAL	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
	4615 PARK Heights A	U4	2121	5	US	A
5	11. MARITAL STATUS 12. WAS DECEDENT EVER FORCES? 1 YE	IN U.S. ARMED	13. WAS DECENDENT OF HIS If yes, specify Cuban, Me			RACE — American Indian, Black, White, atc.
	↑ Never Married 2 Married 3 Widowed 4 Divorced The Never Married 2 Fortices 1 Tests, OIVE WAR OR		1 TYES 2 X NO S		,	Specify: Black
	15. DECEDENT'S EDUCATION	Te- proppertie lies	I accuration	ARE WIND		
U	(Specify only highest grade completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during most of working	166. KIND	OF BUSINESS/INDUST	RY
J I	Elementary/Secondary (0-12) College (1-4 or 5+)	Disab			N/A	
	17. FATHER'S NAME (First, Middle, Last)	DISGO		NAME (First, Middle, i		
5	II. PATTER & THAME (FRO, MICHAE, LING)					
2	19s. INFORMANT'S NAME (Type/Print)	105 MAII ING ADI	DRESS (Street and Number or R	nia Rheu		del
2	Margaret Jackson		aple Hill			
			N (Name of cemetery, cremator)		20c. LOCATION — City	
	1 X Burial 2 Cremation 3 Removal from State	other place)	emorial Par	3.2		Maryland
	21. SIONATURE OF FUNERAL SERVICE LICENSEE	Lourus Me	22. NAME AND ADDRESS O	F FACILITY		
	100					Jones F.H.
	22 PART I Folia the disease of considering the	nes	4611 Park			
	23. PART I. Enter the diseases, or complications that be a shock, or heart fellure. List only one cause on	eech line.	enter the mode of dying,	such as cardiac of	r respiratory arrest	Interval Between
	IMMEDIATE CAUSE (Fine) disease or condition		10.1	1 -1 -1		Onset and Death
	resulting in desth) a. Could	mgora	rdial of	arais		rang
	Due to (on A	A CONSEQUENCE OF:	bleast 6	Person		24car
5	Sequentially list conditions, Diff TO (OR A)	A CONSEQUENCE OF):	2/4000.			
CALICIA	If any, laeding to immediate cause. Enter UNDERLYING					
	CAUSE (Disease or Injury that initiated events	A CONSEQUENCE OF):				
2	resulting in death) LAST					
5	0.			•		
1	PART II. Other aignificent conditions contributing to death Celle Chall	but not resulting in t	he underlying ceuse give	n in Part I. 24a. 1	MAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MCDIC	Lection 11	2001	0 140717	10	YES 2 NO	OF DEATH?
E	- octoors 1	relling	5			1 YES 2 NO
ا ۽						
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	To	26. PLACE OF DEATI	(Check only one)		
PHTSICIAN:	1 TES 2 NO 1 Inpatient 2 ER/O	utpetient 3 DOA 4	☐ Nursing Home 5 ☐ Reside		**	
E	27. MANNER OF DEATH 28e. DATE OF INJUR (Month, Dey, Yea		WORK?		HOW INJURY OCCUR	RED
	2 Accident Investigation		M 1 YES 2 NO			
- 1	3 Suicide 6 Could not be 4 Homicide determined	RY — At home, farm, stree pec/fy)	et, factory, office	28f. LOCATION City or Town	(Street and Number or n, State)	Rural Route Number,
COMPLEIED						
	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my kn					
5	one) 2 MEDICAL EXAMINER: On the basis of exemina	tion and/or investigation, i	n my opinion, death occured a	t the time, date and p	lace, and due to the c	ause(s) and manner as stated.
מנו	29b. SIGNATURE AND TITLE OF CERTIFIER	2 ng	29c. LICENSE	/	29d, DATE S	IGNED (Month, Day, You)
	harves pell	4 11	008	622	10	06/2/2
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pri	PK HA	ar Be	elo A	121215
	31. DATE FILM (A) POR 1990 32, AEGISTRAPS SI	CON-MONDARY	1:			

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DIVISION OF VITAL RECORDS, F.O. BOA 13149,	62	70	5
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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova

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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 DOA 4 Mursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28c. CERTIFIER (Check only one) 28c. CERTIFIER (Check only one) 28c. CERTIFIER (Check only one) 28c. CERTIFIER (Check only one) 28d. DATE OF INJURY — At home, farm, street, fectory, office 28d. DATE OF INJURY — At home, farm, street, fectory, office 28d. DATE OF INJURY — At home, farm, street, fectory, office 28d. LOCATION (Street and Number or Rural Route Number, City or lown, State) 28d. DATE OF INJURY — At home, farm, street, fectory, office 28d. LOCATION (Street and Number or Rural Route Number, City or lown, State) 28d. DATE OF INJURY — At home, farm, street, fectory, office 28d. LOCATION (Street and Number or Rural Route Number, City or lown, State) 28d. DATE OF INJURY — At home, farm, street, fectory, office 28d. LOCATION (Street and Number or Rural Route Number, City or lown, State) 28d. DATE OF INJURY — At home, farm, street, fectory, office 28d. DATE OF INJURY — At home, farm, street, fectory, office 28d. LOCATION (Street and Number or Rural Route Number, City or lown, State) 28d. DATE OF INJURY — At home, farm, street, fectory, office 28d. DATE OF INJURY — At home, farm, street, fectory, office 28d. DATE OF INJURY — At home, farm, street, fectory, office 28d. DATE OF INJURY — At home, farm, street, fectory, office 28d. DATE OF INJURY — At home, farm, street, fectory, office 28d. DATE OF INJURY — At home, farm, street, fectory, office 28d. DATE OF INJURY — At home, farm, street, fectory, office 28d. DATE OF INJURY — At home, farm, street, fectory, office 28d. DATE OF INJURY — At home, farm, street, fectory, office 28d. DATE OF INJURY — At home, farm, street, fectory, office 28d. DATE OF INJURY — At home, farm, street, fectory, office 28d. DATE OF INJURY — AT HOME, INJURY — AT HOME, INJUR	any injury,	EDICAL C	PART II. Other aignificant condition						g cause	given in	PERF	ORMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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DALTIMORE, MARTLAND	ours after death. Page 6 may be retained by the hosp	I in by the funeral director, page 5 should be detached or removal.	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, r.C. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to have after death with the State Deut, of Heath and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

	1 - FOR STATE OF MARYL REGISTRAR	AND / DEPARTM CERTIFICA			MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	-(BESS HAM	ET MIL	LER)	2. DATE OF DEATH DAY	YEAR 90	3. TIME OF DEATH OG47 M
	213-32-8116 1 M 2 7 8	5 YRS. MON	UNDER 1 YEAR THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/12/04	Cou	ITHPLACE (State or Foreign Intry) MARYLAND
201	96. FACILITY NAME (If not institution, give street and number) BALTIMORE COUNTY GEN. HOSP. RESIDENCE OF DECEMENT	96.		R LOCATION OF DE	ATH	BAL!	PIMORE
Danie	10e. STATE 10b. COUNTY MARYLAND		WN OR LOCAT BALTIM				10d. INSIDE CITY LIMITS? Y YES 2 NO
FUNERAL MRECION	10e. STREET AND NUMBER 2225 N. PULASKI ST.		10f	ZIP CODE 2121	7	10g. CITIZEN OI	F WHAT COUNTRY?
6	11. MARITAL STATUS 1 Never Merried 2 Merried TYPE WIdowed 4 Divorced 12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp		IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.)	or No — 14. RA Bl	ACE — American Indian, sck, White, etc.
LEIED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	18e. DECEDENT'S USU (Give kind of work life. Do NOT use ret	dane during mo lred.)	N st of working	18b. KIND OF BUS		
COMP	10 17. FATHER'S NAME (First, Middle, Last)	l HOUS	EWIFE	2011/2017	AT HO		
IO DE	DAVID HAMET 190. INFORMANT'S NAME (Type/Print) MR. MORTON MILLER	19b. MAILING ADI 3929 SI	DRESS (Street of USANNA	nd Number or Rural I	A UNKNOWN Route Number, City or Town ANDALLSTOWN	, State, Zip Code)	21133
	Burlei 2 Cremation 3 Removal from State	b. PLACE OF DISPOSITION Other place) KOVNA CONG		netery, crematory or		SEDALE	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	S	SOL			NC.	
Allrication	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		enter the mo	e of dying, such	h as cerdiec or reepir	atory arreat,	Approximate Interval Between Onset and Death
. MEDICAL CE	PART II. Other aignificent conditione contributing to death	but not resulting in ti	ne underlyin	g cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO		THER:	ACE OF DEATH (Ch	eck only one) B Other (Specify)		
L L	27, MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 2 Accident investigation	28b. TIME OF	WC	URY AT RK? YES 2 NO	28d. OESCRIBE HOW IN	JURY OCCURED	
ובה ם	3 Suicide 8 Could not be 4 Homicide determined	Y — At home, farm, stree	t, factory, offic		281. LOCATION (Street a City or Town, State)	nd Number or Rur	al Route Number,
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	21. DATE FILED (Moon), Due Ban 1 122 REGISTRAND SID	dol MD	Bat	to. Cou	ty Ger	104/	Hopital
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and completely filled in by the hineral director, page 5 though the certificate has been signed by the attending physician and completely filled in by the hineral director, page 5 though the certificate has been signed by the attending physician and completely filled in by the hineral director, page 5 though the certificate has been signed by the attending and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)
MAR 13 1990

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	1 - FOR STATE OF MARY		IENT OF HEALTH AND ATE OF DEATH			
COMPLETED BY FUNERAL DIRECTOR	1. DECEDENT'S NAME (First, Middle, Lest) 4. SOCIAL SECURITY NUMBER 2. 18-32-4767 9. FACILITY NAME (If not institution, give street and number) RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY MARYLAND 10c. STATE 10b. COUNTY MARYLAND 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 15. OECEOENT'S EQUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) Coilege (1-4 or 5 +)	E (In yrs. leat birthday) F MON 82 YRS. MON 9b 10c. CITY, TO 10d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d 1d	UNDER 1 YEAR IF UNDER 24 HRS WITHS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF DWN OR LOCATION BALTIMORE 101. ZIP CODE 19. WAS DECENDENT OF HIST If yes, specify Cuben, Mex 1 YES XX NO Spe	REG. NO 2 DATE OF DEATH DOTTING 7. OATE OF BIRTH (Month, Dey, Veer) 1/25/08 DEATH 209 ANIC ORIGIN? (Specify Vector, Puerlo Rican, etc.)	9c. COUNTY 9c. COUNTY 10g. CITIZEN US	10d. INSIDE CITY LIMITS? 1 YES 2 NO OF WHAT COUNTRY? A RACE — American Indian, Black, White, etc. Specify: WHITE
COMPL	12 17. FATHER'S NAME (First, Middle, Leet)	HOUS	SEWIFE 18. MOTHER'S	AT I	HOME	
BE C	ISAAC ABEL		FAN	NIE KATZ		
10	190. INFORMANT'S NAME (Type/Print) MRS. HELEN GORDON		ORESS (Street and Number or Rur OAKTON CT.			
	20s, METHOD OF DISPOSITION	20b. PLACE OF DISPOSITIO	ON (Name of cemetery, crematory of	BALTIMORE,	OCATION City	209 or Town, State
	1 XBuriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	other place) SHAAREI			ROSEDAL	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	nson	22. NAME AND ADDRESS OF SOL LEVINS 6010 REISTER	ON & BROS.	, INC.	
	23. PART i. Enter the diseases, or complications that cause shock, or heert feliure. List only one cause on iMMEDIATE CAUSE (Final disease or condition resulting in death) OUE TO (OR A)	sed the death. Do not seech line.	enter tha mode of dying, a		piratory arreat	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	S A CONSEQUENCE OF):				
MEDICAL	PART II. Other significent conditions contributing to deet	n but not resulting in t	he underlying ceuse given	in Part i. 24e. WAS AI PERFO	N AUTOPSY PRMED? 2 PNO	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH	(Check only one)		
PHYSICIAN:	EXAMINER? 1 YES 2 HO 1 Inpatient 2 ER/O		THER: Nursing Home 5 Resident	ce 6 Other (Specify)		
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28b. TIME O	P 28c. INJURY AT WORK? M 1 YES 2 NO	28d. OESCRIBE HOW	INJURY OCCUR	ED
		JRY Al home, farm, street (pecify)	et, factory, office	281. LOCATION (Street City or Town, State	end Number or I	Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my kn					
8	2 MEDICAL EXAMINER: On the basis of examina	mor enace investigation, I				
TO BE	296. SIGNATURE AND TITLE OF CARTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	Zelleno		00971	≥ 3	GNED (Month, Dey, Year)
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the death ce	the attendir	Mental Hy	njury, or o
hat the death ce	d by the attendir	and Mental Hy	ny injury, or o
res that the death ce	igned by the attendir	ealth and Mental Hy	vs any injury, or o
requires that the death or	een signed by the attendir	of Health and Mental Hy	shows any injury, or o
law requires that the death or	as been signed by the attendir	Dept. of Health and Mental Hy	23 shows any injury, or o
The law requires that the death or	ate has been signed by the attendir	tate Dept. of Health and Mental Hy	tem 23 shows any injury, or o
JAN: The law requires that the death ce	rrificate has been signed by the attendir	he State Dept. of Health and Mental Hy	or item 23 shows any injury, or o
4YSICIAN: The law requires that the death ce	is certificate has been signed by the attendir	rith the State Dept. of Health and Mental Hy	ed, or item 23 shows any injury, or o
G PHYSICIAN: The law requires that the death ce	er this certificate has been signed by the attendir	ath with the State Dept. of Health and Mental Hy	narked, or item 23 shows any injury, or o
NDING PHYSICIAN: The law requires that the death ce	R: After this certificate has been signed by the attendir	er death with the State Dept. of Health and Mental Hy	is marked, or item 23 shows any injury, or o
ATTENDING PHYSICIAN: The law requires that the death of	CTOR: After this certificate has been signed by the attendir	s after death with the State Dept. of Health and Mental Hy	1 28 is marked, or item 23 shows any injury, or o
DR ATTENDING PHYSICIAN: The law requires that the death of	DIRECTOR: After this certificate has been signed by the attendir	hours after death with the State Dept. of Health and Mental Hy	item 28 is marked, or item 23 shows any injury, or o
PITAL DR ATTENDING PHYSICIAN: The law requires that the death of	:RAL DIRECTOR: After this certificate has been signed by the attendir	n 72 hours after death with the State Dept. of Health and Mental Hy	f. it item 28 is marked, or item 23 shows any injury, or o
HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death of	FUNERAL DIRECTOR: After this certificate has been signed by the attendir	within 72 hours after death with the State Dept. of Health and Mental Hy	TANT: it item 28 is marked, or item 23 shows any injury, or o
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

													21	J	002	.))
	FOR 1 - STATE REGISTRAR	STATE OF MARY		DEPARTE RTIFE					MENT		GIENI	E				
	1. DECEDENT'S NAME (First, Middle, Last)				O/AIT		DEA		2. DA	TE OF DE		_		3, TIA	ME OF OEAT	TH
	GEORGE	MAYER								NTH Z	DA	, C	YEAR	9:	14	DI
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. lest	t hirthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS	7. DAT	TE OF BIR	TH			HPL ACE	E (State or Fo	preian
	215 149815	M2 □ F	12		MONTHS	DAYS	HOURS	MIN.		onth, Day, Y		17	G	ERM	ANY	
E O	98. FACILITY NAME (If not institution, give str SINA! HOSPIT	eet and number)		İ	96. CITY	TOWN O	MOK	- Part	EATH			9c. COU	NTY OF	DEATH		
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY													Lance		
DIRECTOR	MARYLAND 106. COUNTY			TOC. CITY		LTIM								L	INSIDE CITY LIMITS? YES 2 [
FUNERAL	100. STREET AND NUMBER 2907 FALLSTAFF RD	., APT. 42				101.	ZIP CODE	1209)			10g. CIT	USA	WHAT C	COUNTRY?	
5	11. MARITAL STATUS	12. WAS DECEDENT BY	R IN U.S. ADI				ENDENT O					or No-	14. RA	CE An	nerican Indi	lan,
BY F	1 Never Married 2 Merried 3 Widowed 4 Olvorced	FORCES? 1 1 Y		Ю			2 NO	Specify		to Rican, e	tc.)			ck, White city:	WHIT:	E
	15. OECEOENT'S EDUC		16a. DE	CEDENT'S	USUAL O	CCUPATIO	N.		- 1	I6b. KIND	OF BUS	INESS/IN	DUSTRY			
COMPLETED	(Specify only highest grade (Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Gi	ve kind of w Do NOT us	rork done e retired.)	during mo:	st of working	g								
2	12	Consign (1-4 or 5 4)		EXEC	UTIV	E				ISAA	CH	IAMBU	IRGEI	R &	SON	
S	17. FATHER'S NAME (First, Middle, Last)						18, MOTH	ER'S NA	ME (Firs	st, Middle, I	Maiden	Surname)				
	JOSEPH MAYER						E	LISE	В	IRSH		,				
B	19a, INFORMANT'S NAME (Type/Print)		104	. MAILING	ADDRES	R (Street e	nd Number	or Rumi i	Anusta N	umber City	or Tow	n Stete 7	n Code)			
2	MRS.HILDE MAYER			07 F								TO.,		2	21209	
ı	20a. METHOD OF DISPOSITION Suriel 2 Cremetion 3 Remo	oval from State	20b. PLACE					etory or		2		CATION —				
	4 Donation 5 Other (Specify)		CHEV	RA A	HAVA	S CH	ESED				R	ANDA	LLS!	IOWN	, MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					D ADDRES									
	* Jan Just	70.					EVIN:			-						
	23. PART I /Enter the placesee, or c		read the de	eth Do n			RET!					BAL		MD	Approxim	15
- 1	shock or heart fellure. I	let only one ceuse o	n eech ilne		iot enter	the mo	de or dyr	ng, euc	41 62 C	erdiec or	reepi	retory er	rest,		interval 8	Between
- 1	IMMEDIATE CAUSE (Finel													- 1	Onset an	d Death
	disease or condition resulting in death)	HYPOT	EN:	2101										h	ノンエ	QUO
		DUE TO (OR /			,	A								1.8		
Z		1/P CERE	BRAL	MSCI	ULSI	- Acc	170	VT	-36	ELUT	201	K			Mo	WITCH
음	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A			,	_		4.1						- 1		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	MICONIC		PIAL		ZIL	LAII	011						_ 2	EATZ	2
E	that initiated events	DUE TO (OR A	AS A CONSEC	DUENCE OF	F):											
	reaulting in deeth) LAST	1														
_	PART II. Other algnificant condition	e contributing to deef	th but not r	esuiting i	in the u	nderiving	n ceuse c	niven in	Part I	24a V	MAS AN	AUTOPSY	2/	th WERE	E AUTOPSY F	FINDINGS
₹	SYSTEMAC VAS		SEA	-						P	PERFOR	MED?		AVAIL	ABLE PRIOR	R TO
ă	3BIGPIL DA	COCOLE DI	200	> _						1 🗆	YES 2	NO NO			EATH?	G-100L
2									_					1 🔲	YES 2	NO
z																
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL					ACE OF D	EATH (Ch	neck only	y one)						
Si	1 TES 2 NO	HOSPITAL:	Outpatient 3	□ DOA	4 Nu		6 5 A	esidence	6 🗆 0	ther (Spec	ify)					
PHYSICIAN: MEDICAL	27, MANNER OF DEATH Natural 5 Pending	28e. DATE OF INJU (Month, Day, Ye		28b. TIM	E OF URY M		URY AT ORK? YES 2	∃ NO	28d. (DEȘCRIBE	HOW I	NJURY O	CURED			
BY	2 Accident Investigation	28e. PLACE OF INJ	ILIBY — At ho	ume ferm	straet fac		-		201 1	OCATION	(Street	and Numbe	v ov Burn	d Boude A	Mumbar	-
COMPLETED	3 Suicide 6 Could not be detarmined	building, etc. ((Specify)	,		y, will	-		1	City or Town	, State)		. or riore			
9	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my k	nowlades de	ath accur	nd et the	lime dat-	- ank bee	and 4	to the	course(s)	and me	mer en sê	nter ^d	,		
MP	(Check only one) 2 MEDICAL EXAMINE													ofa) and	manner co	stated
8			-miori driu/df	vesagadio	ni, at my	ориноп, о				rete and pl	arce, ar					
BE (29b. SIGNATURE AND TITLE OF CERTIFIER					-	29c. LICE	ENSE NU	MBER					ED (Mont	th, Day, Year,)
10	G. KOTHMAN MI	1 SURGIC	ALTE	511	ノミ	X						▶ C	5/	06/	70	
	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF	F DEATH ATE	M 27) (Type	Print)											

NALKER AVE BACTIMORE

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

D 21203-3146

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)	_	_					2. DATE OF DE		56125	3. TIME OF DEATH
	EDW	AR	DJ	Mc	CF	REE	R		MONTH -	DAY -	9°	9:55 Am
	4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In yrs. les	birthday)	IF UNDER 1 YE	AR	IF UNDER 24 HRS.	7. DATE OF BIR		8. BIRT	NPLACE (State or Foreign
	218-18-4648		1 1 M 2 F	65	YRS.	MONTHS DA	VB.	HOURS MIN.	(Month, Day,) 2/13/	25	Coun	PA
	9a. FACILITY NAME (If not in		treet and number)			9b. CITY, TO	WN OI	R LOCATION OF DE			UNTY OF	
Œ.	Bon Secou	rs Hos	nital			Ro	1+	imore				
61	RESIDENCE OF DEC	EDENT	prear				110	Imore				
DIRECTOR	10e. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN OR LO	CATI	ON				10d. INSIDE CITY LIMITS?
	Maryland	Ba1	timore C	ity		Balti	mo	re				1 YES 2 NO
A	10e. STREET AND NUMBER						10f.	ZIP CODE		10g. C	TIZEN OF	WHAT COUNTRY?
BY FUNERAL	4017 Libert	y Heig	hts Ave.	Granada	N.H			21207		U	nite	d States
5	11. MARITAL STATUS			T EVER IN U.S. AR				ENDENT OF NISPAN			14, RAC	CE American Indian, ck, White, etc.
2	1 Never Married 2 3 Widowed 4 X Divo		IF YES, GIVE W	AR OR DATES	w II	1 1		2 X NO Specify		10.7	Spe	c/he:
			<u> </u>									White
COMPLETED	(Specify only	EDENT'S EDU	completed)	(Gi		VOIK done during			18b. KIND	OF BUSINESS/I	NDUSTRY	
삣	Elementary/Secondary (0		College (1-4 or 5	+) me.		Driver			V	ellow	Cal	
×	10th grade				Cab	DIIVEL		la de la companya de la companya de la companya de la companya de la companya de la companya de la companya de				
			C					16. MOTNER'S NA)	
BE	Edward Jos		Creer		Table 1				ine Shi			
2	Mrs. Susan							nd Number or Rural f				
	20a. METHOD OF DISPOSIT							Road Ma			2110	
	्रिट्रिक्Burial 2 ☐ Crematic	on 3 🗆 Reme	ovel from State	other ple	ecel .			emetery	1	Oc. LOCATION		HENNING CO.
	4 ☐ Donatton 8 ☐ Other 21, SIGNATURE OF FUNERA		ENGEE		WO			D ADDRESS OF FA	OH ITTY	Woodl	awn,	MD
	- 1			1		Lo	ri	ng Byers	Funera	1 Home		
	> John	KK	June () '		87	28	Liberty	Road	Randa1	lsto	wn, MD 21133
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disesse or condition	asrt fallure.	complications the List only one cau	t caused the da use on each line	ath. Do r	not entar the	mod	de of dying, such	h as cardiac or	respiratory	erreat,	Approximata Interval Between Onset and Death
NO	reaulting in death) Sequentially list condit		b. Due 10	(OR AS A CONSEC	SUENCE OF	se l	5	Reva	d'a	Jesie	as	e
CERTIFICATION	if sny, lasding to imme csuse. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in dasth) LAS	ING Iry	e. Sey DUE TO	COR AS A CONSEC	DUENCE OF	lln	И	Sin				
	PART II. Other algolitica	nt Condition	a contribution to	death but not r	sulting	in the under	lvina	cause given in	Part I 24a V	AS AN AUTOPS	y 24	b. WERE AUTOPSY FINDINGS
MEDICAL	CANTEL	And	10	ant c	to	VIN	10		P	ERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	-0000	Arvac	No	Va 1	100	COV	-	-	_ 10	YES 2 NO		OF DEATH?
_					4				_			1 TES 2 NO
AN	25. WAS CASE REFERRED T	O MEDICAL					6 PI	ACE OF DEATH (Ch	ack only one)			
S	EXAMINER?		HOSPITAL:	☐ ER/Outpetient 3	□ 004	OTHER:						
PHYSICIAN:	27. MANNER OF DEATN		28a. DATE OF	INJURY	28b. TIM	E OF 280	, INJU	5 Residence	28d. DESCRIBE		CCURED	
	1 Natural 5	Pending	(Month, E	Day, Year)	INJ	M 1	WOI	RK? 'ES 2 NO				
BY	2 Accident 3 Sutcide	Investigation	28e. PLACE C	OF INJURY — At ho	me, ferm,				28f. LOCATION	Street and Num	ber or Rural	I Route Number.
밀	4 Nomicide	Could not be determined	building,	atc. (Specify)					City or Town			
9	29a. CERTIFIER	ELEVINO PAINO	CIAN. To the best of									
COMPLETED	one) 2 MED	ICAL EXAMINE										(a) and manner as stated.
H	296. SIGNATURE AND THE	OF CERTIFIE	In	50		W		29c. LICENSE NUI	163	29d. 0	3	D (Morith, Dayl. Year)
٩	30. NAME AND ADDRESS O	F PERSON WN	BALT	SE OF DEATH (ITE	E TO (Type	Print)		BA	CT	MJ	5	-1223
	31. DATE FILED (Menth, Day	664	32. REGISTRA	AR'S SIGNATURE		7.0	· ·		+			
	MAR 1 3 19	90 4	Landerdon	- Anglass	•							

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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OR	JIR.	OUL	E
TO THE HOSPTBL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within evours after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
	2. DATE O	F DEATH

	1 - FOR STATE OF MARYLA		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) Joseph Samuel Mulle	n		2. DATE OF DEATH DAY	90 YEAR 3. TIME OF DEATH //: 30 P. M
	214-50-0498 1 M 2 🗆 F 4	3 YRS. MON	INDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10 11 46	8. BIRTHPLACE (State or Foreign Country) Washington D.C.
IOR	9a. FACILITY NAME (If not institution, give street and number) Seton Hill Manon RESIDENCE OF DECEDENT	9b.	Baltimore	EATH	oc. COUNTY OF DEATH City
DIRECTOR	10a. STATE 10b. COUNTY		wn or location timore		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 3011 Pulaski Highway		101. ZIP CODE	1	10g. CITIZEN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Mover Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	13. WAS DECENDENT OF HISPAL If yes, specify Cuban, Maxica 1 YES 2 2KNO Specifi	an, Puerto Rican, etc.)	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret Factory	done during most of working ired.)	166. KIND OF BUSIN	
BE COMF	17. FATHER'S NAME (First, Middle, Last) Joseph A. Mullen	1 downey	18. MOTHER'S NA	AME (First, Middle, Meiden Su Le D. Bowers	rname)
10	19a. INFORMANT'S NAME (Type/Print) Joseph A. Mullen	30/1 P	MESS (Street and Number or Rural Waski Hwy. Ba	House Number, City or Town, : Lto., Md. 21.	State, Zip Code) 224
	1 Donation 5 Other (Specify)	place of disposition other place) Green	N (Name of cemetery, crematory or r Mount (remat	ory Balt	TION - City or Town, State of a City, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA Charles S. Ze	ciler & Son.	Inc. 901 S. Conkling St.
NOI	23. PART I. Enter the diseases, or complications that caused abook, or heart failure. List only one cause on estimate the complete of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of t	ch line.		th se cardiac or respiral	tory arreat, Approximate Interval Between Onset and Daath
CERTIFICATION	CAUSE (Disease or Injury	CONSEQUENCE OF):			
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to death but	it not resulting in th	e underlying cause given in	Part I. 24a. WAS AN AL PERFORMII 1 YES 2 (4	ED? AMAILABLE PRIOR TO COMPLETION OF CAUSE
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Output		26. PLACE OF DEATH (C/		
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28b. TIME OF	28c, INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJ	URY OCCURED
	3 Suicide e Could not be detarmined 28e. PLACE OF INJURY building, etc. (Speci	At home, farm, streety)	i, factory, office	281. LOCATION (Street and City or Town, State)	d Number or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the best of axemination				
TO BE	206. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	M.D.		409	29d. DATE SIGNED (Month, Day, Year) 3/12/56
	Wash D. Smith	1830 E	. Monument	St_ Su. te	7400 MD 21205
	31. DATE FILED (MONTH), Day, Weer) 32. REGISTRAR'S SIGNA	adult.			

M:M:M

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DHMH-16 Rev 1/89

TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
si examiner must be notified at once.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
wal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunal, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending phy.
ter death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certification enterminishing and within 2 sector after death. Page 6 may be retained by the hosp
BALLINORE, MARITARIO	DIVISION OF VIAL RECORDS, T.O. BANGS FG.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEN				
1. DECEOENT'S NAME (First, Middle, Last) JEFFREY MAYO)				2. DATE OF DEATH DAY YEAR 3. TIME OF DAY				
4. SOCIAL SECURITY NUMBER 212-82-8543	5. SEX 6. AGE (1)	100	FUNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year)	Coun	8:47a M HPLACE (State or Foreign ny) cvland		
THE JOHNS HOPKINS	9a. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL B					9c. COUNTY OF I			
RESIDENCE OF DECEDENT 10a. STATE Maryland 10a. STREET AND NUMBER	aryland none				7	10g. CITIZEN OF	10d. INSIDE CITY LIMITS? 1 YES 2 NO N OF WHAT COUNTRY?		
1318 N a Bond 11. MARITAL STATUS 1 N Never Merried 2 Merried 3 Widowed 4 Divorced	Street 12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	21213 United Stat 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No- If yea, specify Cuben, Maxican, Puarto Rican, etc.) 1 YES 2 No Specify: Negroid						
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12) 9 th grade 17. FATHER'S NAME (First, Middle, Last)	16a. OECEDENT'S US (Gave kind of word Wite. Do NOT use in	k done during mo etired.)	st of working	16b. KIND OF BU Auto	SINESS/INDUSTRY				
Julius Mayo 190. INFORMANT'S NAME (Type/Print) Fedellia Smit			Fedell nd Number or Rural I	ia <u>Jetti</u> Roume Number, Chy or Row Balto Md	en, State, Zip Code)				
20s. METHOD OF DISPOSITION LAI Buriel 2 Cremetton 3 Removal from State 4 Oonetlon 5 Other (Specify) 11. BIGNATURE OF FUNTAL SERVICE LICENSEE 20b. PLACE OF DISPOSITION (Name of cemetary, cremetary or Other place) Mt. Auburn Cemetery 120c. LOCATION - City of Town, State Maryland 22c. LOCATION - City of Town, State Maryland 22c. NAME AND ADDRESS OF FACILITY Calvin B. Scruggs Funeral Home 1412 E. Preston St. Balto Md. 21213									
23. PART I. Enter the diseases, or complications that coded this death. Do not enter the mode of dying, auch as cerdiac or respiratory arreat, help on the disease or condition resulting in death) Approximate interval Between Onset end Death Cause (Fine) Sequentislity liet conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Approximate interval Between Onset end Death Cause (Viral Nepatitis) 2 weeks Due to (or as a consequence of): Due to (or as a consequence of):									
PART II. Other significent condition Renal Failure	ns contributing to deeth be Paramonia (R						b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outs		THER:	ACE OF DEATH (Ch	6 Other (Specify)				
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME (OF 28c. INJ	URY AT PRK? YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre	et, factory, offic	•					
(Orabok Offin)	SICIAN: To the best of my know ER: On the basis of examination						(a) and manner as stated.		
290. SIGNATURE AND TITLE OF CERTIFIE		e Stuff Ph	y Si cian	29c. LICENSE NUI	WBER	29d. DATE SIGNE	(Morth, Dey, Year)		
30. NAME AND ADDRESS OF PERSON WI		Johns Ho		neth E.	Truitt,	MD John Hospi	s Hopkins tal Balto		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN				17		21		

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	REGISTRAR		CERTIFI	CALE	F DEATH	REG. NO				
,	1. OECEDENT'S NAME (First, Middle, Lest)	E	. MIL	2. DATE OF OEATH MONTH D	LO, 90	3. TIME OF OEATH				
	4. SOCIAL SECURITY NUMBER 178-16-3815	5. SEX 6. AGE	(In yrs. lest birthday) 67 YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) 11,14,22	8. BÍRTHPLACE (State or Foreign Country) PENN.			
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOW	N OR LOCATION OF DE	ATH	9c. COUNTY O	F DEATH		
TOR	FRANCIS SCOTT	KEY MED.C	ENTER	BAL	rimore C	ITY				
H.	10a. STATE 10b. COUNTY	!	10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?		
<u>a</u>	PENN		YO	RK				1 XYES 2 NO		
FUNERAL DIRECTOR	100. STREET AND NUMBER 2266 PLEAS	DRIVE		10f. ZIP CODE	402	1100	S . A .			
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	NUS. ARMED 2 NO PATES	If yes	DECENDENT OF HISPAN practive Cuban, Mexica (ES 2 1 NO Specifi		s or No— 14. RACE — American Indian, Black, White, etc. Specify: WHITE				
	15. OECEOENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUP	ATION most of working	18b. KIND OF BU	SINESS/INDUSTR	TY .		
COMPLETED	Elamentary/Secondary (0-12)	College (1-4 or 5+)			most of working	NI DD INM	TNC CO			
MP	1.2		PAGE	MAKE	UP PERSO		ING CO	•		
	17. FATHER'S NAME (First, Middle, Last)	EARL MILL	FD			ME (First, Middle, Meiden KEENER	Surname)			
H	19a. INFORMANT'S NAME (Type/Print)	EARL MILL		ADDRESS (Stre			n, State, Zip Code)		
5	ETZWEILER FUN		1111	EAST	MARKET	Route Number, City or Tow ST. YORK	PENN.	17403		
	20a. METHOD OF DISPOSITION 1	cemetery, crematory or SE	20c. LOCATION — City or Town, State YORK PENN							
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			AND ADDRESS OF FA			ROAD 21212		
	*William !	R. Paris T	V	H.W	.JENKINS	AND SON				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition Multiple S-II-0									
ł	resulting in death)	a. DUE TO (OR AS	A CONSEQUENCE OF	Pi:	UC 61-L					
z	Themal Injury 52%. TOSA Plane burns!									
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS	A CONSEQUENCE OF	F)r)						
CERTIFICATION	CAUSE (Disease or Injury that Initiated events	c. DUE TO (OR AS	A CONSEQUENCE OF	F):						
ERI	resulting in death) LAST	d								
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMED? ANALABLE PRIOR TO									
EDICAL	PERFORMED? 1 YES 2 TO COMPLETION OF CAUSE OF DEATH?									
ME										
AN	25. WAS CASE REFERRED TO MEDICAL			-	S. PLACE OF OEATH (C)			70		
PHYSICIAN: M	EXAMINER?	HOSPITAL:	natiant 3 DOA	OTHER:	Home 5 Residence			E. EU		
H	27. MANNER OF DEATH	28a. DATE OF INJURY	, 28b. TIM	E OF 28c	INJURY AT	28d. DESCRIBE HOW	INJURY OCCUPE	3,60		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Del Year)	190 2:3	OAM 1	WORK?	Hu	rueti	18 "tage		
	3 Suicide a Could not be determined	28e. PLACE OF INJUR building, atc. (Spe			office	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	298. CERTIFIER					00	eur C	ory, in		
COMPLETED	(Check only	ICIAN: To the best of my know ER: On the basis of examination						use(a) and manner as ateted.		
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	Mona un	Bim	Rellon	29c. LICENSE NU	MBER 5276	29d. DATE SIG	NED (Month, Day, Year)		
٩	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF O	EATH (LTEM 27) (Type	Print)	20 to 494	wten An	L. /2	time 11)		
	31. DATE FILED (Month, Day, Year)	PACE IN CONTROL PO		DUVV (C	ard a	WILLY AV	, Day	Trouve, Ny		
	MAR1 3 1990	grina Davidson	-gande	4						

Vermit, Pages 1, 2, 3 should

	1 - STATE REGISTRAR			ICATE OF		REG. N				
	1. DECEDENT'S NAME (First, Middle, Last) Mary Dorothy Moore						2. DATE OF DEATH MONTH 1.08, 1990 YEAR			
	4. SOCIAL SECURITY NUMBER 218-03-4185 5. SEX 1 M 2 TF 84 YRS. 6. AGE (In yrs. last birthday) MONTHS DAYS HOURS			IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	RTHPLACE (State or Foreign				
TOR	9a. FACILITY NAME (if not institution, give stre Summitt Nursing				SVILLE	ATH	9c. COUNTY OF OEATH Baltimore			
FUNERAL DIRECTOR	100. STATE 10b. COUNTY BALL	10c, CITY	v, TOWN OF LOCA	more			10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
ERAL	10e. STREET ON HOOPER Ave	'	10	ZIP CO21229		10g. CITUSA	F WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	IN U.S. ARMEO 2 NO DATES	2 NO If yes, specify Cuban,			8	ACE — American Indian, leck, Whife, atc.			
COMPLETED	15. DECEDENT'S EDUCJ (Specify only highest grade of Elementary/Secondery (0-12)	160. DECEDENT'S (Give kind of ville. Do NOT us Cashie	USUAL OCCUPATION Work done during me se retired.)	ON set of working	16b. KIND OF I	nment				
	17. FATHER'S NAME (First, Middle, Last) Charles W. Bell				ME (First, Middle, Maid y C. Lyon					
TO BE	190. INFORMANT'S NAME (Type/Print) Mrs. Jennie Ann		ADORESS (Street		Poute Number, City or Middlet		MD 21769			
	20e. METHOD OF DISPOSITION 1 N Burtel 2 Cremefion 3 Remort 4 Donation 5 Other (Specify)	Park Cem								
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY AMDROSE FUNERAL 1328 Sulphur Spring Road, Arbu										
CERTIFICATION	Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta reaulting in death) LAST Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death									
MEDICAL	PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part i.						AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF OEATH (Ch					
	27. MANNER OF DEATH 1 Antural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIM	ent 3 DOA 4 Nursing Home 5 Residen 26b. TIME OF NURY AT WORK? M 1 YES 2 NO			6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide defermined	28e. PLACE OF INJUR building, etc. (Sp	RY — At home, farm, secify)	atreet, factory, offi	20	28f. LOCATION (Str. City or Town, St	et end Number or Ru ste)	rel Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the filme, dete end place, and due to the cause(s) end menner ee stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the filme, date end place, end due to the cause(s) end menner as stated.									
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUI		29d. DATE SIG	NED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO	KACZUK	3350 (i. I tem	Are !	suite 3	08			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	ENATURE	_						
	1		all the same					DHMH-16 Rev 1/89		

Aal.	medical examiner
after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.	medica
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ygiene I	28 is marked, or item 23 shows any Injury, or other traumatic event, the n
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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Last)	Mack	140	ODE:				MO	TE OF DEATH		YEAR		OF DEATH
	JOHNNY 4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	ORE IF UNDER	1 YEAR	IF UNDER	24 HRS		3 11 TE OF BIRTH	<u> </u>	A. BIRTH	7:50	D P M
	164-32-4840	1 1 1 M 2 □ F 4 C		MONTHS	DAYS	HOURS	MIN.	(Mc	eb.5,1	941	Counti		
	9a. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY	, TOWN C	PR LOCATIO	ON OF DE			9c. COUN			1114
OR	1743 Jackson St	treet			Bal	timor	re						
EC	10a. STATE 10b. COUNT	Y	10c, Cr	Y, TOWN C	OR LOCAT	TON		_	·			10d. INS	IDE CITY
5	faryland		Bà	1ŧîn				ıd.	= - :				S 2 NO
A	100. STREET AND NUMBER	1743 Jackson St,			101. ZIP CODE 21230					10g. CITIZEN OF WHA			
JNE	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARI			13.	WAS DEC				GIN? (Specify Yes	or No	U.S.		ican Indian,
BY FUNERAL DIRECTOR	1 Never Married X2 Married 3 Widowed 4 Divorced Never Married X2 Married FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES.				If yes, sp			n, Puar	io Ricen, atc.)		Spec	k, White, e	hite
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	USUAL O	CCUPATIO	ON st of workin	ng .	1	16b. KIND OF BUS	SINESS/IND	USTRY		
7	Elementary/Secondary (0-12) 10th.Grade	College (1-4 or 5+)	(Give kind of Mm. Do NOT a						Durapa	ak C	0		
OM	17. FATHER'S NAME (First, Middle, Last)		Princ	er -	i i o u	7		ME (Firs	st, Middle, Maiden		0.		
BEC	Samuel Fra	anklin Mo	ore			Ro	osa		L.C1	ine			
2	19a. INFORMANT'S NAME (Type/Print) Mrs.Caroletta	100						umber, City or Town					
1	20a. METHOD OF DISPOSITION		20b. PLACE OF DISPO					ма	lto.Md	CATION —		own. State	
	★□ Buriel 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)	ioval from State	Glen Ha					ar		n Bu			
	21, SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	^	22.	NAME A	ND ADDRES	SS OF FAC	CILITY		Balt	o.M	1d.2	1230
	F Comment	1. Huchun	· B	Mc	Cul	ly E	Tune	era	1 Home	,130) E.	For	t Ave.
	23. PART 1. Enter the disesses, or shock, or heart failure. IMMEDIATE CAUSE (Final disesse or condition resulting in death)	List only one cause or		t wou		,		h as c	ardiac or respi	ratory arr	est,	Int	pproximate terval Between neet and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	S A CONSEQUENCE (
CAL	PART II. Other significant condition	ns contributing to deat	h but not resulting	in the ur	nderlyin	g cause (given in	Part I.	24a. WAS AN PERFOR	PERFORMED?		COMPLET	JTOPSY FINDINGS LE PRIOR TO TION DF CAUSE
PHYSICIAN: MEDI									Inspe		n	1 YE	H7 S 2 X NO
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF D	EATH (Ch	eck only	(one)				
YSI	1 XYES 2 □ NO	1 inpatient 2 ER/C			raing Hon		sidence		ther (Specify)				
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJUI (Month, Day, Yea 3-11-90)	nr) 18	OD W	28c. IN.	IURY AT ORK?	ON P	28d. I	DEȘCRIBE HOW I			- 1 C	
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJI	URY — At home, farm.	, T.			3 110	28f. L	Subjection (Street	and Number			nber,
	4 Homicide determined	building, etc. (3	specify) hom	е				_	Olty or Town, State) 43 Jack		st.,	Balt	to, MD.
COMPLETED	(ontoin only)	BICIAN: To the best of my lo										s) and mar	nner as stated.
ro BE C	29b. SIGNATURE AND THE	DA AM	d			29c. LICI	ENSE NUM				= SIGNE	90 (Month, E	Day, Year)
۲	30. NAME AND ADDRESS OF PERSON WE Mario F. Golle,			e, Print)	enn	Stre	et		Balti	more	, Ma	l. 21	.201
	MAR 13 1990	32, REGISTRANS											

Jums It Helen

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burdar-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. cal or attending physician. BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos DIVISION OF VITAL RECORDS, P.O. BOX 13146,

-	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL						
	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.					

	1 - REGISTRAR		CERTIFI	CATE O	DEATH		REG. NO.			
,	DORA MARIE NEWSOME 2. DATE OF DEATH MONTH MONTH DAY VEAR 1. DECEDENT'S NAME (First, Middle, Last) DORA MARIE NEWSOME March 9, 1990							3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 1 \(\text{ M 2} \)	F 90	s. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	7. DATE 0	7, 1900	8. BIRTI	th Carolina	
TOR	9a. FACILITY NAME (If not institution, give street and number Seton Hill Manor RESIDENCE OF DECEMENT				or Location of altimore		9c. C	county of DEATH		
DIRECTOR	10a. STATE 10b. COUNTY			timore	City, M	arylan	d		10d. INSIDE CITY LIMITS? 1 Fes 2 NO	
FUNERAL	100. STREET AND NUMBER 501 West Franklin Str	eet			01. ZIP CODE 21201		10g.	CITIZEN OF	WHAT COUNTRY?	
B		DENT EVER IN U.S 1 YES 2 E WAR OR DATES		If yes,	ECENDENT OF HISI specify Cuben, Mex S 22000 Spe	ican, Puerto Ri	(Specify Yes or No- can, etc.)			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 of		Give kind of w	rock done during i		16b.	KIND OF BUSINESS			
	17. FATHER'S NAME (First, Middle, Last) Archibald West					name (First, Mi	iddle, Maiden Surnan Black	10)		
TO BE	19a. INFORMANT'S NAME (Type/Print) Anna Newsome						or, City or Town, State		21	
	20 METHOD OF DISPOSITION 1 Adurial 2 Cremetion 3 Removal from State 4 Donation 9 Other (Specify)	20b. PL	ace of dispos		metery, cremetory	or	20c. LOCATION	imore		
	21. SIGNATURE OF FURERAL SERVICE LICENSES	-he		Bruz		Funera	1 Home F		. 21221	
	Approximats shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Approximate interval Batween Onset and Death Carlo Discussion of Condition and Death									
z		TO (OR AS A CO	NSEQUENCE OF	7:	ACTO COM	<i>je</i> • <u>G</u>	-		6	
CATIO	Sequentially flat conditions, If any, feeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury									
CERTIFICATION	that initiated events resulting in deeth) LAST d.									
DICAL	PART II. Other significant conditions contribution	lon			in Part I.	24a, WAS AN AUTOF PERFORMED? 1 YES 2 NO		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: ME	25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL 25. WAS CASE REPENNED TO GENICAL									
SIC	25. WAS CASE REFERRED TO SEDICAL EXAMINER? 1 YES 2 10 1 Inpettent 2 ER/Outpettent 3 DOA 4 & Warring Home 5 Residence 6 Other (Specify)									
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 286. DATE OF IN JURY (Month, Dec. 1997) 1 YES 2 NO 286. INJURY AT WORK? 1 YES 2 NO									
	3 Suicide 8 Could not be building, stc. (Spediy) 28s. PLACE OF INJURY At horse farm, street, factory, office 28s. LOCATION (Specification of Rural Route Number, City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same City or Town, Same Ci									
COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis								(a) and manner as stated.	
BE	20b. SIGNATURE AND TITLE OF CERTIFIER		My		29c. LICENSE	NUMBER 034	29d.	DATE SIGNE	(Month, Day, Mar)	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	DAUSE OF DEATH			& Cowt	RQ. S.	uto 21	Rand	Julstan MD 21133	
	31. DATE WART 3 1990 Stake	Davidson-V	BE	N ₁						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 mil	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director he filed within 72 hours after death with the State Debt, of Health and Mental Hydlene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
		- 1

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	1 - FOR STATE REGISTRAR	TE OF MARYLAND / CE		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN REG. NO		
	1. DECEOENT'S NAME (First, Middle, Last) BEATRICE THOMPS	SON PLA	TE			2 199	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M	6. AGE (In yrs. last 83	birthday) IF UNIT MONTH	DER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-28 -06		BIRTHPLACE (State or Foreign Country) NEW York
OR	90. FACILITY NAME (If not institution, give street and real Dulaney Towson Nursing RESIDENCE OF DECEDENT	,		TY, TOWN OR LOCATION OF		9c. COUNTY Balti	OF DEATH
DIRECTOR	10e. STATE 10b. COUNTY		10e. CITY, TOW	OR LOCATION			10d. INSIDE CITY LIMITS?
FUNERAL D	Maryland Baltimore		Towson	101. ZIP CODE		10g. CITIZEN	1 VES 2 NO
Ä	611 E. Seminary Ave			21204		U.S.A	15.7
BY FU	1 Never Married 2 Married FOR	S DECEDENT EVER IN U.S. ARN RCES? 1 TYES 2 X NO 'ES, GIVE WAR OR OATES		3. WAS DECENDENT OF HISP It yes, specify Cuben, Mexi 1 YES 2 X NO Spec	can, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: Vhite
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed Elementery/Secondery (0-12) College	d) (G/v	CEDENT'S USUAL re kind of work do Do NOT use retired	ne during most of working	16b. KIND OF BU		
MPL	4 yrs	Но	usewife		Own Ho	me	
	17. FATHER'S NAME (First, Middle, Last)				NAME (First, Middle, Malder		
BE	William Downey Thom 190, INFORMANT'S NAME (Typo/Print)			Lillia SS (Street end Number or Run		Parsons	
2	Frederick Cyrus Plate			slow Rd. Lut			oe)
	20a. METHOD OF DISPOSITION 1 □ Buriel 2 N Cremation 3 □ Removal from	20b. PLACE C	OF DISPOSITION	(Neme of cemetery, cremetory o	20c. L(OCATION — Cify	
	4 Donetion 5 Other (Specify)	Green	Mount	Crematory 3-		ltimore	e, City
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1/4		2. NAME AND ADDRESS OF Ruck Towson 1050 York Rd		me, Inc	204
	23. PART I. Enter the diseases, or compiler shock, or heart failure. List only		ath. Do not an				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	ASC	VD				5 Ty
_	Tooding in dataly	DUE TO (OR AS A CONSEQ	UENCE OF):				
SATIO	Sequantially list conditions, if sny, lasding to immediata cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQ	UENCE OF):				
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSEQ	MENCE OF:				
	PART II. Other significant conditions contri	ibuting to death but not n	eauiting in the	undariying causa given	In Part i. 24a. WAS A	N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL					1 YES	. /	COMPLETION OF CAUSE OF DEATH?
ME							1 TYES 2 NO
PHYSICIAN:		PITAL:	ОТН				J
HYS		petient 2 ER/Outpetient 3 Be. DATE OF INJURY	28b. TIME OF	Turning Home 5 ☐ Residence 28c. INJURY AT	28d. OE\$CRIBE HOW	INJURY OCCUR	RED
1 Metural 5 Pending (Month, Dey, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO							
		Be. PLACE OF INJURY — At hor building, etc. (Specify)	me, term, street,	factory, office	28t, LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one)						
CO	2 MEDICAL EXAMINER: ON TH	e beste of exemination end/or is	nvestigation, in n				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	7	0011	29¢ LICENSE N	192 82	29d. DATE S	IGNEO (Month, Pay, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPI	LETED CAUSE OF DEATH (ITES	(1 27) (Type, Print)	0 10 0	1000	1///	econ 0,17/

Tie, Sugar

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR

31. DATE FILED (Month, Dey, Year)
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	DIANE	PACH	INO					3	E OF DEATH DA		YEAR 3.	1/3 15 A
	4. SOCIAL SECURITY NUMBER	283A	1 M 2 F	AGE (In yrs. In	YRS. MON		HOURS MIN.	9/:	of BIRTH th, Day, Year) 27/09	8	Country)	ACE (State or Foreign W YORK
CTOR	SINAI HOSPIT	AL	et and number)		9b.		N OR LOCATION OF	DEATH		9c. COUNT	Y OF DEAT	TH
DIRECT	10a. STATE MARYLAND	10b. COUNTY	BALI	.0.	10c. CITY, TO		EATION IMORE					d. INSIDE CITY LIMITS? Tyes 2 X NO
ERAL	100. STREET AND NUMBER 6609 SANZO R	D., AP	r. D				101. ZIP CODE 21209			10g. CITIZE USA		T COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2XX 3 Widowed 4 Divor	Married	12. WAS DECEDENT FORCES? 1 FYES, GIVE WAR	YES 2	IRMED]NO	If yea,	ECENDENT OF HISP specify Cuban, Mexi ES 2 XNO Spe	ican, Puerto		or No- 14	Black, V	American Indian, Inite, etc. WHITE
PLETED	15. DECE (Specify only Elamentary/Secondary (0-	EDENT'S EDUCA highest grade of	College (1-4 or 5+)		PECEDENT'S USUA Give kind of work of the Do NOT use reti	done during red.)		16	AT E		STRY	
E COMP	17. FATHER'S NAME (First, Min						16. MOTHER'S FRUI		Middle, Maiden NKNOWN	Sumame)		
TO BE	19a. INFORMANT'S NAME (7) DANIEL PACHI			1	96. MAILING ADD 6609 SA	RESS (Street	RD., APT	al Route Nun	BALTO	, Stete, Zip C	^{ode)} 212	09
	20s METHOD OF DISPOSITION Surial 2 Cremation	ON n 3 🗆 Remov	al from State	other j	place)		cemetery, crematory of			CATION — CH		
CERTIFICATION	immediate cause (Fin disease or condition resulting in death) Sequentielly list condition if any, leading to immediate. Enter UNDERLYII CAUSE (Disease or injuithat initiated events resulting in death) LAST	a. one, diate nry d.	DUE TO (O	OR AS A CONSI	EQUENCE OF):	in	Ca					interval Betw Onset and D
4: MEDICAL	PART II. Other eignification		contributing to d	eath but not	resulting in th	a underly	ing cause given	in Part i.	24a, WAS AN PERFOR 1 YES 2	MED?	CI	ERE AUTOPSY FINDII MILABLE PRIOR TO DMPLETION OF CAUS F DEATH? YES 2 70 10
SICIAN	25. WAS CASE REFERRED EXAMINER? 1 YES 2 YONO		HOSPITAL:	ER/Outpetlant		HER:	PLACE OF DEATH (
BY PHY	27. MANNER OF DEATH 28a. DATE OF INJURY 1 Netural 5 Pending 28a. DATE OF INJURY 28b. TIME OF INJURY AT WORK? 1 Netural 5 Pending											
ETED		Could not be determined	20e. PLACE OF building, et	INJURY — At I c. (Specify)	home, farm, street	, factory, o	ffica	28f. LO: C/t)	CATION (Street a or Town, State)	nd Number or	Rural Rou	te Number,
COMPLE	anal		AN: To the best of m				ata and place, and d					
0												nd manner as stated

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21203-3146

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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UNERAL VITHIN 72	ANT: If ID
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detac be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once,

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) ESTHER 3. TIME OF DEATH PINTZUK 90 2 30 AM SYLVIA A SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign 5 SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH Day Year 184 -09-5587 MONTHS DAYS HOURS 1 M 2 F 75 YRS PENNSYLVANIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HOSPITAL BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10d. INSIDE CITY 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY MD BALT. CIT 1 YES 2 NO WHAT COUNTRY? BY FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF 215 USA 6711 PARK HEIGHTS AVE., APT. 213 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE --- American Indian, Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 10 If yes, specify Cuben, Mexican, Puarto Rican, atc.) 1 Never Married 2 17 Warried Specify: WHITE 1 TES 2 NO Specify 3 X Widowed 4 Divorced COMPLETED 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 12 HOUSEWIFE AT HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JACOB CHECONOFSKY BERTHA BELFOUR BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 4229 NADINE DR. BALTYMORE, MD JAY PINTZUK 20a. METHOD OF DISPOSITION
1 Sprial 2 Crementon 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State HAR SINAI OWINGS MILLS, MD 21. SIGNATURE OF 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MD 21215 23. PART I. Enter the diseases or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, **Approximate** shock, or heart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final ardiac failure, Resputory
DUE TO (OR AS A CONSEQUENCE OF): disease or condition_ ardiac resulting in death) Renal nd stage MEDICAL CERTIFICATION Sequentially list conditions, OUE TO (OR AS CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 24s. WAS AN AUTOPSY Sepsio COMPLETION OF CAUSE 1 TYES 2 OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO nt 2 ER/Outpatient 3 DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH 1 Natural 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 5 Pending 1 YES 2 NO BY Investigation 28e. PLACE OF INJURY — A1 home, farm, street, factory, offica building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be detarmined COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Khastqu 90 2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print,

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)
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DHMH-16 Rev 1/89

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MAR 1 3 1990

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ITMENT OF H ICATE OF		MENTAI	L HYGIEN REG. NO.	_	
	1. DECEDENT'S NAME (First, Middle, Last)	IN4	POFIC	4/00		2. DATE MONTI	OF DEATH		ar 9/25 pm
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE /	"- " last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTN	6.	BIRTNPLACE (State or Foreign
	216-24-4974	1 - M 2 PF 96	S YRS.	MONTHS DAYS	HOURS MIN.	(Month	n, Day, Year)	23	Maryland Maryland
	9s. FACILITY NAME (If not institution, give st			96. CITY, TOWN C	R LOCATION OF D	EATN /		9c. COUNTY	
DIRECTOR	Augsburg LI-	threena H	OME		Baltimor	e			Baltimor
E I	10s. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?
5	Maryland	Baltimore		Baltimo	re				1 TES 2XXNO
AL.	10e. STREET AND NUMBER			101	. ZIP COOE			10g. CITIZEN	OF WHAT COUNTRY?
E	6811 Campfield	Road	-	S	21207			Unit	ed States
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF NISPA ecity Cuben, Mexic 2 NO Speci	en, Puerto I		or No 14.	RACE — American Indian, Black, White, atc. Specify: White
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16s. DECEDENT'S	USUAL OCCUPATION	ON ast of working	16b	KINO OF BU	SINESS/INDUS	TRY
Ē,	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT u	se retired.)					
COMPLETED	Unknown		Insu	rance Ag	ent				
S	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S N				
BE	Louis Heemann						Kalth		
0	19s. INFORMANT'S NAME (Type/Print)		The second second	ADDRESS (Street &					
	Mr. Richard Kro		7	E1kwood		Pasa	dena,		.122
	20s. METNOO OF OISPOSITION XX Burisi 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from Stats	other place)	sition (Name of car rman Imm		ther			or Town, State altimore, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AI	od Address of F	ACILITY	ral Ho	ma	
-	John #	AM	.71						wn, MD 21133
	23. BART I. Entar the diseases, or a shock, or heart fallure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	List only one cause on e	ach Ilna.	THRO	M Best		anac or rasp	iratory arrest	t, Approximata Interval Between Onset and Death
Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF): d									
	PART ii. Other significant condition	ns-contributing to deetby b	out not resulting	in the underlyin	g ceuse given in	n Part i.	24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
CAL	- Klyeri	INFARET	Demer	VTIA			PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED	- SIP HEMICA	ECTOMY ?	20 12	PNOCAR	Cinsom A	OF	1 TYES		OF OEATH?
PHYSICIAN: MED	-11 1101111 COL	JUDIONNY -	7 2.1	PHOUSK	_				1 123 2 2
AN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C	heck only o	ne)		1
SICI	EXAMINER?	HOSPITAL:	nationt 3 DOA	OTHER:	ne 5 🗆 Residence				
H	27. MANNER-OF DEATN	26s. DATE OF INJURY	26b. TIR	WE OF 28c. IN.	JURY AT	· · · · · · · · · · · · · · · · · · ·		INJURY OCCUP	RED
	Netural 5 Pending	(Month, Day, Year)	IN	JURY WO	YES 2 NO				
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	/ — At homs, ferm,	street, factory, offic		28f. LOC	CATION (Street	and Number or	Rural Route Number,
COMPLETED	4 Homicide 6 Could not be determined	building, etc. (Spec	clfy)			City	or Town, State)	
	29s. CERTIFIER . CERTIFYING DAVE	CIAN: To the heat of on trace	uladas danth seem						
MP	anal anni	ER: On the best of my know							couse(s) and manner as stated.
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BE	296. SIGNATURE AND TITLE OF CERTIFIE	1.011.			29c. LICENSE NO	OMBER OF		29d. DATE S	GIGNEO (Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WH	O COMPI ETEC CALISE CE CO	ATN (ITEM OF /T-	a Orine)	282	K		3	1/70
	TASNEEM LA	HKHANI.		rk H	ET COLLETS	A	(E)	BACI	10 MD 21201
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN		1)		-			

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potal or attending physician. set for use as the burial-transit permit. Pages 1, 2, 3 should

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PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun	in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	for STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN		0 06311	
	1. DECEDENT'S NAME (First, Middle, Last) MICHAEL	John		PERROTT A	2. DATE OF DEATH	0 199 0	3. TIME OF DEATH 6:37 P M	
	4. SOCIAL SECURITY NUMBER 217-94-5715			F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/01/80	Co	RTNPLACE (State or Foreign unitry) Maryland	
OR	99. FACILITY NAME (If not institution, give a 2316 Ridge Rd. RESIDENCE OF DECEDENT	treet and number)	5	w. city, town or location of d Woodlawn	EATN	9c. COUNTY O	timore	
DIRECTOR	100. STATE 10b. COUNTY Maryland	Baltimore	10c. CITY,	town on Location Woodlawn			10d, INSIDE CITY LIMITS? 1 YES 2 TV NO	
BAL (10e. STREET AND NUMBER 2316 Ridge Road	Daitimore		10f. ZIP CODE 212	07		F WHAT COUNTRY? States	
BY FUNERAL	11. MARITAL STATUS 1 VANCYOR Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 _ YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 XMO Speci	NIC ORIGIN? (Specify Yean, Puerto Rican, etc.)	e or No 14. R	ACE — American Indian, liack, White, etc. pecify: White	
COMPLETED	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12) 4th grade	CATION o completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wo life. Do NOT use Student	k done during most of working	16b. KIND OF BU	SINESS/INDUSTR		
N N	17. FATNER'S NAME (First, Middle, Last)		Student	18 MOTHER'S N	AME (First, Middle, Maiden	Sumame)		
	John Joseph Pe	errotta		THE PROPERTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH	ie (Mauric		er	
TO BE	190. INFORMANT'S NAME (Type/Print) Mrs. Marie Sau			DDRESS (Street and Number or Rural Ridge Road Ba	Route Number, City or Tov	vn, State, Zlp Code,)	
	20a. METNOD OF DISPOSITION 130 Burlet 2 Cremetton 3 Rem 4 Donation 5 Other (Specify)	oval from State	other place)	ion (Name of cometery, crematory or		ocation – chy o		
	21, SIGNATURE OF FUNERAL SERVICE LI	M. Gen	bus	22. NAME AND ADDRESS OF F. Loring Byers 8728 Liberty	Funeral Ho	me allstow	n, MD 21133	
	23. PART I. Enter the diseeses, or abock, or heart feliure.	complications that caused List only she cause on e	the death. Do no	t enter the mode of dying, su	ch as cardlec or resp	iratory arrest,	Approximete Interval Between	
	iMMEDIATE CAUSE (Finei diseese or condition reaulting in death)	. Head inj					Onset and Death	
NO	Sequentially list conditions,							
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	cDUE TO (OR AS /	CONSEQUENCE OF):					
CERTI	resulting in death) LAST	d						
JICAL	PART II. Other eignificant condition	as contributing to death b	out not reculting in	the underlying cause given in		AMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
N: MEDIC					_		1 🔀 YES 2 🗌 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28, PLACE OF DEATH (COTHER:	theck only one)			
YSI	1X YES 2 □ NO	1 Inpatient 2 ER/Out	patient 3 DOA	□ Nursing Home 5 ☐ Residence				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 3-10-90	6:30	PM 1 TYES 2 NO	28d. DESCRIBE NOW Subject of farm trace 28f. LOCATION (Street	aught b	etween moving door frame	
ETED	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Spe barn	city)	eet, nictory, office	2316 Ridg	je Rd.,	Balto. Co.,MD	
COMPLET	(Critical driny			at the time, data and place, and du in my opinion, death occured at th			use(s) and menner ee stated.	
TO BE (29h SIGNATURE AND TITLE OF CERTIFIE	e Krell		29c. LICENSE N			NED (Month, Day, Year) -11-90	
F	30. NAME AND ADDRESS OF PERSON WI	ell, M.D.		111 Penn St	., Balto.,	MD 23	1201	
	31. DATE FILED (MÖRIT, Day, Year) IAR 1 3 1990	32. REGISTRAR'S SIGN	ATURE					

DHMH-18 Rev 1/89

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		bermin	
0	ohysician.	g physician and completely in the funeral director, page 5 should be detached for use as the burial-transit permit ene prior to burial, cremation, or removal.	
2.0	ttending (e as the	
7717	pital or a	sn Joj pa	
Z	y the hos	ve detach	r once
BALLIMONE, MANTLAND 21203-3140	tificate be executed within.	5 should t	ther traumatic event, the medical examiner must be notified at once.
חב,	may be	or, page	ust be
3	. Page 6	ral direct	liner m
DAL	ter death	the fune	al exam
1	5 25	or remo	medic
BOA 13146,	within	g physician and completely in the by the ene prior to burial, cremation, or removal.	vent. the
3	executed	to burial,	matic e
200	tificate be	g physician ene prior	ther trau

STATE OF MARYLAND /	DEPARTMENT OF	HEALTH AND	MENTAL	HYGIENE
CE	RTIFICATE OF	F DEATH		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA			MENTAL HYG			20 0031
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	ГН	1,453	3. TIME OF DEATH
	Audrey F. Pasta					монтн 0.3	DAY	YEAR 90	3-70 PM
	4. SOCIAL SECURITY NUMBER	6. SEX 6. AGE (UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTI		8. BIRTI- Counti	IPLACE (State or Foreign
-	218-16-0862	1 □ M 2 🂢 F	69 YRS.	NTHS DAYS	HOURS MIN.	01 07			ryland
	9e. FACILITY NAME (If not institution, give :	street and number)	90	b. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COL	INTY OF D	
*	4203 Washington 1	Blvd.		Halet	orpe		Ba	altin	nore
BECT	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	~	40a CITY T	OWN OR LOCAL	ION				10d. INSIDE CITY
9		imore							LIMITS?
	10a. STREET AND NUMBER	Illore	nai	ethorpe	ZIP CODE		10a, CI	IZEN OF V	WHAT COUNTRY?
FUNERAL	4203 Washington	Blad			21227			USA	
ž	11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED		ENDENT OF HISPAN	IIC ORIGIN? (Speci		14, RACI	E American Indian,
	1 Never Married 2 Married	FORCES? 1 YES		If yes, sp	2 NO Specify	n, Puerto Rican, et		Spec	k, White, atc.
B	3XXWidowed 4 Divorced								white
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	ICATION e completed)	16a. DECEDENT'S US (Give kind of work	k done during mo	N st of working	16b. KIND O	F BUSINESS/IN	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n				_		
MP	/	00	waitr	ess	Name of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last o		bod		
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, M			
BE	Robert V. Myers 190, INFORMANT'S NAME (Type/Print)		195 MAILING AT	INDERE (Street o	AllCE nd Number or Rural F	Thomps		in Code)	
2	Audrey Martin		10.00						land 21227
	20a. METHOD OF DISPOSITION	20'	D. PLACE OF DISPOSITI				c LOCATION -		
	1 Donation 5 Other (Specify)	noval from State	other place) Oudon Par			H	Baltimo	ore,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	1	22. NAME A	D ADDRESS OF FA	CILITY	oco Eu	2000	Home, Inc.
	00	1 -	10	1320	Sulphur C				as, Md. 2122
	23. PABY I. Enter the diseases, or	complications that course	d the death. De get		~			-	Approximate
1	ahock, or heart fellure.	List only one cause on e	ech line.	enter the mi	de or dying, auc	ii aa Cerdiac Or	тевриваюту в	rrwat,	Interval Between
4	IMMEDIATE CAUSE (Final disease or condition	ALACCIA	1/-10	-a-1	1516				Onset and Death
	reaulting in death)	DUE TO (OR AS	A CONSEQUENCE OF:	01/1	خد ال	· · · · · · · · · · · · · · · · · · ·			11.77-016
_		. SMALL E	FIL CA	OF	LINE				WOUTHS
9	Sequentielly liet conditione,	DUE TO (OR AS	A CONSEQUENCE OF):						
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	C							
E	that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):						
CERTIFICATION	resulting in death) CAST	d	-						
	PART II. Other algnificant condition	ne contributing to death i	out not resulting in	the underlyin	g cause given in		AS AN AUTOPS	7 241	b. WERE AUTOPSY FINDINGS
MEDICAL							ERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
E			***						1 YES 2 NO
3									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	eck only one)			
SIC	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		OTHER:	ne 6 Residence	6 Other (Specific	(y)		
H	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME (OF 28c. IN	PURIT AT	28d. DESCRIBE	HOW INJURY O	CCURED	
ВУ	1 Netural 5 Pending Investigation	100000000000000000000000000000000000000		M 1 🗆	YES 2 NO				
ED E	3 Suicide 6 Could not be	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, strendly)	et, factory, offi	•	281. LOCATION (City or Town,	Street and Numb State)	er or Rural	Route Number,
ETE	4 Homicide determined								
P	CONTROL ONLY	SICIAN: To the best of my know	wiedge, death occurred	at the time, dat	and piece, and due	to the cause(a) a	nd menner aa s	lated.	
COMPLET	one) 2 MEDICAL EXAMIN	HER: On the basis of examination	on and/or investigation,	In my opinion,	leath occured at the	time, data and pla	ica, and due to	the cause	(a) and manner as stated.
BE C	29h. BIGNAFURE AND THEE OF CONTIN	ER / and			29c. LICENSE NUI	MBER 7	29d. D/	TE SIGNE	D (Month, Day, Year)
TO B	W47 70	min			11/8	587		3/10	470
-	30. MAN ANO ADORESS OF PERSON W	HO COMPLETED AUSE OF D	EATH (ITEM 27) (Type, 8	rint) Z		6-11	MAID	,	2,229
	194 GOKA	Wy 10	U COURT	n po		10/10	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	0	11/
	MAR 1 3 1990	32. REGISTRAR'S SIG	NATURE						
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DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 2120

FOR STATE REGISTRAR

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σ.	death
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PE C	that
RCC	requires
-	ME
A	The
1	SICIAN:
0	PHY
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24
=	O.B.
	-1

1. DECEDENT'S NAME (First	Middle, Last)	inthal					2. DATE OF DEATH	DAY O	3. TIME OF DEATH
4. SOCIAL SECURITY NUMI	ER	V	AGE (In yrs. last b		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Mpnth, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
213-48-2	etitution, give stre	1 M 2 F	81	YRS.	9b. CITY. TOWN	OR LOCATION OF DI	4 08	9c. COUNTY	MAKYLAND OF DEATH
LEVINDALE HEL	SKW GE		R. EHOS		77	TO.			
10a. STATE	10b. COUNTY	BALTIMORE		10 CITY					10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER					BALTIN	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
6800 LIBER	TY RD.	, APT. 906	5			21207			U.S.A
11. MARITAL STATUS 1 Never Merried 2	Marriad	12. WAS DECEDENT EV FORCES? 1 1		D			NIC ORIGIN? (Specify an, Puerto Rican, etc.)	Yea or No- 14	RACE American Indian, Black White, etc.
3 Widowed 4 Dive	rced	IF YES, GIVE WAR O	OR DATES		1 TYES	2 NO Specif	íy:		Specify: WHITE
(Specify on	y highest grade o	ompleted)	(Give	DENT'S U	JSUAL OCCUPATION ork done during monetimed.	ON at of working	16b. KIND OF I	BUSINESS/INDUS	TRY
Elementary/Secondary (1-12)	College (1-4 or 5+)	Hor		MAKE	R	a	t home	
17. FATNER'S NAME (First, A	liddle, Last)						AME (First, Middle, Maid		
HARRY POT							HACKERMAN		
190. INFORMANT'S NAME (CARL ROSEN						TE MD RIDGE	Ploute Number, City or 21030 DR., APT.	lown, State, Zip Co	ide)
20a:METHOD OF DISPOSIT 1 Description 2 Cremell 4 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donation 5 Donati	n 3 🗌 Remo	val from Stete	20b. PLACE OF other place BETH)		metery, cremetory or	20c.	LOCATION — CITY BALTIMO	
21. SIGNATURE OF FUNERA	L SERVICE LICE	NSEE			22. NAME A	ND ADDRESS OF FA	CILITY		
foe	8 10) Lew	rio				ON & BROS STOWN RD.	•	,MD 21215
IMMEDIATE CAUSE (Fi disease or condition resulting in death)						ONY M	eta stas	5	interval Between Onset and Deet
Sequentially list condi-	ions, b	OUE TO (OR	AS A CONSEQU	ENCE OF					
if any, leading to imme	ING	00E 10 (011	AS A CONSEGU	ENGE OF)•				İ
CAUSE (Disease or injusted events resulting in deeth) LAS		DUE TO (OR	AS A CONSEDU	ENCE OF):				
DART II Other similia	- d								1
PART II. Other algnific	int conditions	contributing to dea	th but not res	sulting is	n the underlyin	g ceuse given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
-							_		1 YES 2 NO
25. WAS CASE REFERRED	O MEDICAL				26. P	LACE DF DEATH (C/	heck only one)		<u> </u>
EXAMINER?		HOSPITAL: 1 Inpetient 2 ER	VOutpatient 3	DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Residence	6 Other (Specify)		
	Pending Investigation	28a. DATE OF INJU (Month, Day, X		28b. TIME INJU	JAY WO	DURY AT DRK? YES 2 NO	28d. DESCRIBE NO	W INJURY OCCUR	REO
2 Accident 3 Suicide 8 4 Nomicide	Could not be determined	28s. PLACE OF IN- building, etc.	JURY — At home (Specify)	o, farm, a	treet, fectory, offic	:0	281. LOCATION (Stre City or Town, St		Rural Route Number,
enel '		IAN: To the best of my							:suee(e) and manner ee stated.
29b. SIGNATURE AND TITLE			The state of the	ga	., or my apointiff.	29c. LICENSE NU			IGNED (Month, Day, Year)
1865		MICHAPP	16 PH	1751	CIAN	325 60			8. 90
SET HTWAR	CI. LE	COMPLETED CAUSE OF	TA34	27) (NO.	BELVE	RDERE A	AVE BAL	TIMORE	M) 21215.
31. DATE FILED (Month, Day	Year)	32. REGISTRAR'S				_		.0.(-	1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

The Later State of the

3. TIME OF DEATH

1209

10d. INSIDE CITY

1 X YES 2 NO

Md.

8. BIRTHPLACE (S

U.S.A.

14. RACE — American Indian, Black, White, etc.

Spectly: White

astern

Ave

Approximats interval Between

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?

1 YES 2 NO

Onset and Desth

idy

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

PAY 2 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH Day. DAYS 220-22-6127 1 - M 2 X Pages 1, 2, 3 month 9s. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore Francis Scott Key Medical Center DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10s. STATE 18b. COUNTY Md. Baltimore permit. 10e. STREET AND NUMBER FUNERAL 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1623 Malvern Street 21224 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—if yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Merried B 3 Widowed 4 Olvorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION Elementary/Secondary (0-12) College (1-4 or 5+) Distillery Line Operator 8 once. 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Joseph Lippa Ruth Watts BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Edward M. Rychwalski Sr. 2 1623 Malvern St, Balto., Md. 21224 20b. PLACE OF DISPOSITION (Name of cemetery, crem 20c. LOCATION -- City or Town, State must. St. Starislaus (em. Balto. (ity, Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY examiner Charles S. Zeiler & Son Inc. the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition ENFARCTION. H401ARBIAL resulting in desth) event, DUE TO (OR AS A CONSEQUENCE OF): ARTEN iorou ARI traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING BIABETES CAUSE (Disease or injury Injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY MEDICAL shows any 1 | YES 2 | NO PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL:
| Inputiont 2 | ER/Outputient 3 | DOA OTHER: 1 TYES 2 NO 4 Nursing Home 6 Residence 6 Other (Specify) 0 27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCUREO marked, 1 Natural 5 Pending 1 YES 2 NO DR ATTENDING P. DIRECTOR: After the hours after death B 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 80 6 Could not be COMPLETED determined 28 4 Homicide Item 29a. CERTIFIER

Thank only

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated.) THE HOSPITAL C THE FUNERAL D filed within 72 ho = 2 🔲 MEDICAL EXAMINER: Ön the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
be filed within 72
IMPORTANT: II 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE D3768 BROLE

30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

C

The state of

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Marie Margaret Rychwalski

2. DATE OF DEATH

29d, DATE SIGNEO (Month, Day, Year) 312 90 DHMH-16 Rev 1/89 Topic minutes of the second second

and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be marked by the hospital or attending physician.	tificate has been signed by the attending physicia	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must 🗪 putilled at once.
TO THE HOSPITAL O	TO THE FUNERAL DI	be filed within 72 ho	MPORTANT: If it

	1 - STATE OF MARYL REGISTRAR	AND / DEPARTM			MENTAL	HYGIENE REG. NO.		
i	1 DECEMENT NAME (First Middle Leet)				2. DATE	OF DEATH	YEAR	3. TIME OF DEATH
	Kichard Kioux				G	10	98	1:409m
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE $007-23-2/8/12$ 1 1 M 2 \Box F		UNDER 1 YEAR ITHS DAYS	IF UNDER 24 HRS. HOURS MIN.		DE BIRTH Dex Year)	Coun	HPLACE (State or Foreign (TY)
	9a. FACILITY, NAME (If not institution, give street and number)	96.	CITY, TOWN O	R LOCATION OF DE	ATH		OUNTY OF	DEATH
5	ON a Samar tan 145	P.	Ba	170			, .	
נו ו	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CITY, 10	WN OR LOCATI	ON O				10d. INSIDE CITY
DIRECTOR	mp Balk		Bal.	20 Pp	irkv	2lli		LIMITS7
3	10e. STREET AND NUMBER	/	101.	ZIP CODE	4/	10g.	CITIZEN OF	WHAT COUNTRY?
FUNERAL	1717 Wentworth 110			800	<u>Y</u>		<u> </u>	J. A.
	11. MARITAL STATUS 1 Never Married 2 Married 12. Was DECEDENT EVER FORCES? FIX YES, GIVE WAR OR I.	2 NO	If yes, spe	city Cution, Mexica 2 NO Specify	n, Puerto F	? (Specify Yes or No tican, etc.)	Blac Spe	E — American Indian, ck, White, etc.
in la	3 Wildowed 4 Divorced W-W-TI		1016	2 10 3,000	•		Spor	"W).49
3	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU (Give kind of work Illo. Do NOT use rel	done during mos	N t of working	16b.	KIND OF BUSINESS	/INOUSTRY	
COMPLE	Elementary/Secondary (0-12) Coffege (1-4 or 5+)	W 25 W	500		l i	12211	1. 40	226
2	17. FATHER'S NAME (First, Middle, Last)	1 CLCFF	21 (4.	16. MOTHER'S NA	ME (First, A	Aiddle, Maiden Surnan	10)	0.52
BEC	Leon D. Rigux			MAZ	_ 2	. FAL	EKAS	
0	19a. INFORMANT'S NAME (Type/Print)	19b. MAJLING ADD	ORESS (Street a	nd Number or Rural I	Route Numb	per, City or Town, State	, Zip Code)	
-	FAMILY KECOROS	SAC	VL A	S ABO	VS			
	20a, METHOD OF DISPOSITION 17 Buriel 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify)	other place)	M (Name of cen	elery, cremetory or	. 00	20c. LOCATION	I — City or 1	own, Stata
	21. SIGNATHRE OF FUNERAL SERVICE LICENSEE	DOTINI DA N	22. NAME AN	D ADDRESS OF FA	CILITY	= 0,00	NOT I	1,110-
	► 100 TC		EVA	SCHAF	5570	FIRM	OKIZ	2 - N
	23. PART I. Enter the diseases, or complications that cause	d the death. Do not	enter the mo	de of dving, suc	h as card	llac or respirator	arrest.	Approximate
	ahock, or haart fallure. List only one cause on immediate CAUSE (Final	each line.		, ,				Intarval Between Onset and Death
Ì	disease or condition resulting in desth)	EDS. 5						
		A CONSEQUENCE OF):	/	0	011			
5	Sequentially list conditions, b.	A CONSEQUENCE OF):	My	7000	CA			
¥	If any, laading to immediate cause. Entar UNDERLYING	A consecuence or):						
로	that initiated events	A CONSEQUENCE OF):						
CERTIFICATION	resulting in death) LAST							
AL C	PART II. Other significant conditions contributing to death	but not resulting in ti	he underlying	cause given in	Part I.	24a. WAS AN AUTO		b. WERE AUTOPSY FINDINGS
· 🔻 📗	_ *-					PERFORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDIC								1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	O	26. PL THER:	ACE OF DEATH (Ch	eck only on	10)		
2	1 YES 2 NO 1 Inpetient 2 ER/Ou 27. MANNER OF DEATH 28a. DATE OF INJURY	tpatient 3 DOA 4 DOA 4 DOA 4 DOA 1	Nursing Hom	e 5 ☐ Residence		r (Specify) SCRIBE HOW INJURY	OCCUPED	
	1 Natural 5 Pending (Month, Day, Year)	INJURY	WO	RK?	28d. DES	CHIBE HOW INJUNI	OCCUMEN	
BY		Y — At home, farm, stree			28f. LOC	ATION (Street and Nu	mber or Rura	Route Number,
	4 Homicide determined building, etc. (Sp	вспу)			City	or Town, State)		
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my kno	wiedge, death occurred a	t the time, date	and place, and due	to the cau	use(s) and manner a	stated.	
Š	one) 2 MEDICAL EXAMINER: On the basis of examinati	on and/or investigation, is	n my opinion, d	eath occured at the	time, data	and place, and due	to the cause	(a) and menner as stated.
u I	29b. SIGNATURE AND WILE OF CERTIFIER			29c. LICENSE NUI	MBER	29d.	DATE SIGNE	D (Month, Day, Year)
2	Atan	***************************************		172	10		3/1	0190
-	30. NAME AND CORRESS OF PERSON WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Pri	Saw	autor	11	OSP .	Ba	lto
	31. DATE TIESD (MOOT), DIDYYO July 32 MEGISTRAR'S SIG	NATURE	- 0001		. /		1-	-(0)
- 1	MAR 13 1990 July Davidson-M							

FACTORY WORKER

18. MOTHER'S NAME (First, Middle, Maiden Surname)

ELNORA

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

29c, LICENSE NUMBER

333

MONTFORD AVENUE/BALTIMORE,

hed for use as the burlal-transit

Elementery/Secondary (0-12)

17. FATHER'S NAME (First, Middle, Last)

19e. INFORMANT'S NAME (Type/Print)

WILLIAM

BURRELL

JACKSON

2 MEDICAL EXAMINER: On the be

STOKES

29b. SIGNATURE AND TITLE OF CERTIFIER

FUNERAL DIRECTOR

ВY

COMPLETED

BE

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CERTIFICATION

MEDICAL

PHYSICIAN:

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COMPLETED

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the In	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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FOR STATE REGISTRAR		STATE OF I			RTMENT O			MENTAL HYGIEN REG. NO			
1. DECEDENT'S NAME (First	, Middle, Last)							2. DATE OF OEATH	AV	YEAR	3. TIME OF DEATH
LU(CY	_J.	RIGGS					3 9)	90	
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. las	l birthday)	IF UNDER 1 YE		ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTI	HPLACE (State or Form
217-22-74	24	1 - M 2 - YF	85	YRS.	WOWINS DA	HOURS	mire.	4/25/04			VA
9e. FACILITY NAME (If not in	natitution, give s				96. CITY, TO	YN OR LOCAT	TION OF DE		9c. COU	NTY OF E	DEATH
1301 N. MO	ONTFORI	AVENUE			BAL	TIMORE	, MD				
RESIDENCE OF DEC	CEDENT										
10e. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN OR L	CATION					10d. INSIDE CITY
MD					BALTIM	ORE					1 💢 YES 2 🗌 1
10e. STREET AND NUMBER	1	_				101. ZIP CO	0E		10g. CIT	IZEN OF	WHAT COUNTRY?
1301 N. M	ONTFOR) AVENUE				21	.213			USA	
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Dive		FORCES?	NT EVER IN U.S. AF 1 YES 2 XI WAR OR DATES	NO NO	If ye		en, Mexica	NIC ORIGIN? (Specify Yein, Puerto Rican, etc.) y:	e or No—		E — American Indias k, White, atc.
	EOENT'S EDU ly highest grade		(G		work done durin		king	18b. KIND OF BU	SINESS/IN	DUSTRY	
Manus adams (Cananadams)	0.403	0-8 44 4 6	. h	L DO NOT U	ee reared.)			4			

LABORER

College (1-4 or 5+)

20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Burlel 2 Cremation 3 Removal from State WESTERN STAR CEMETERY CATONSVILLE. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Do las Warne C. MARCH F/H 1101 E. NORTH AVENUE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition Preumonia reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditiona, Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? Diabetes 1 TES 2 NO Blood 1 | YES 2 | NO COA Y ESTIVE (25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 - YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 Residence 8 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident M 1 YES 2 NO Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 Homicide 29a, CERTIFIER

15 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner as ateted.

2243 Mad: 50h

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

29d, DATE SIGNED (Month, Day, Year)

22.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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IV THE HUSPITAL UR ALLENDING PHISIOIAN: THE ISM REQUISES that the beautiful the changes of execution which the country and the country of the residence of the country of the residence of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of the country of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directions, and the detach be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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WIGHE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	rent,
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		MENT OF H		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	5n	n, H			2. DATE OF DEATH DO		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10 6	1923	Florida
OR	9a. FACRLITY NAME (II not institution, give atree P G Hospital	t end number)		эь. city, тоwn с Chev	erly	HTA	9c. COUNTY O	
DIRECTOR	10e. STATE 10b. COUNTY Maryland Prince	e George		town or Locat	TION			10d. INSIDE CITY LIMITS? 1 VES 2 NO
FUNERAL C	100. STREET AND NUMBER 8415 Hamlin St	#303		101	20706		10g. CITIZEN O	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 Tyes 2X IF YES, GIVE WAR OR DATES	ARMED	It yes, sp		IIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)		ACE — American Indian, llack, White, etc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)		(Give kind of we life. Do NOT use	USUAL OCCUPATION ork done during money retired.) Asst.	ON est of working	166. KIND OF BU	SINESS/INDUSTR	γ
BE CON	17. FATHER'S NAME (First, Middle, Last) JOE Brown				18. MOTHER'S NA Eve	ME (First, Middle, Maiden ry Brown	Surname)	
TO B	Micheal Miller		702 B	Twin Tr	ee St	Route Number, City or Tow	rn, State, Zip Code)
	Os III To HSPOSITION Perist 2 Permetton 3 Remove	el from State othe	ce of Disposi Cedar	Hill	metery, crematory or	Suit	land, N	1d
	THE BIGHATURE OF FUNERAL SERVICE LICEN	1 Seal 2	1			Rd/Landov		
	23. PAPA I. Enter the disease, or conshock, or seen failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused the at only one ceuse on each I	ine.	randes				Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A CON	SEQUENCE OF):				
ERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	SEQUENCE OF):				
MEDICAL	PART II Other algnificant conditiona	contributing to death but no	ot resulting in	n tha underlyin	g cause given in	Part I. 24a, WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:		HOSPITAL:	1 3 DOA	OTHER:	LACE OF DEATH (Ch	eck only one) 6 Other (Specify)		
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Morith, Day, Year)	28b. TIME INJU	OF 28c. IN.	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	0
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	t home, farm, s	treet, factory, offic	20	28t. LOCATION (Street City or Town, State	and Number or Ru)	ral Route Number,
COMPLETED	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	AN: To the best of my knowledge On the basis of examination and						use(s) and manner as stated.
BE	DALYNSO TO THE OF CHILDREN	ryfue Me			D 2/2	30	DATE SHO	NED (MUSS), Day, Year)
10	AMENITO PRODU	Maries MD	500°	9 Pay,	burn C	ACP Son	Ms	20148
	MAR 1 3 1990	32. GISTRAR'S SIGNATUR	andelle.	1		10		

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. **IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be a** DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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31. OATE FILEO (MORITI, Day, Year) MAR 1 3 1990

30. NAME AND APPRESS

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT				MENT	AL HYGIEN	E		000.0
	1. DECEDENT'S NAME (First, Middle, Lest) HELEA)	56	AI	2 (ΞS				TE OF DEATH)	90	3. TIME OF DEATH 4 20 P M
	4. SOCIAL SECURITY NUMBER 321-09-5851	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	11	re of Birth onth, Day, Year)	12	Count	Illinois
TOR	ge. FACILITY NAME (If not institution, give st Greater Laurel- RESIDENCE OF DECEDENT		1 Hospit	a1	96. CITY, TOWN OR LOCATION OF DEATH Laure1						Prince George		
DIRECTOR		rince Ge	orge		y, town o Laur	el_							10d, INSIDE CITY LIMITS? 1-YES 2 NO
FUNERAL	9001 Cherry La		T FOFE IN U.S. AD	450	1.0	20708 U					WHAT COUNTRY?		
B	1 Never Married 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Me							m, Mexice	HISPANIC ORIGIN? (Specify Yea or No—Mexicen, Puerto Rican, etc.) Specify: 14. RACE — American Indi Bleck, White, etc. Specify: Specify:				k, White, etc.
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondery (0-12)		(G	ive kind of Do NOT u	work done se retired.)	during mo	st of world	ng	1	6b. KIND OF BUS		rnme:	nt
BE CON	17. FATHER'S NAME (First, Middle, Last) Robert H.	And	lerson				118000		He1	***	C.		Jackson
5	190. INFORMANT'S NAME (Type/Print) Horace Aderson 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1037 Embarcardo Road/Palo Alto. CA												
	20a. METHOD OF DISPOSITION 1 Busine 2 Coremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometory, cremetory or other place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town,										d		
	23. BART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate												
	shock, heart failure. List/only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in dasth) a. A cute Myo causical Interval Between Onset and Desth MINUTED												
CERTIFICATION	Sequentially list conditions, if sny, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										425 425		
PHYSICIAN: MEDICAL (PART II. Other significant condition		death but not to							24s. WAS AN PERFOR	RMED?	241	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2,5, NO
YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		er ER/Outpatient 3			R:	LACE OF 1			ther (Specify)			
В	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be		F INJURY Day, Year) DF INJURY — At he		JURY	1 🗆	VES 2	□ NO		OESCRIBE HOW I			Route Number
COMPLETED	4 Homicide determined	bullding	, etc. (Specify)					and di-	C	City or Town, State			
	(Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE	R: On the beele of					leath occu	ired at the	e time, d		nd due to	the ceuse(***************************************
BE	290. SIGNALUNDANO TULE OF CERTIFIE							ENSE NU		2	29d. DA		D (Month, Day, Year)

DZSYZZ

29d. DATE SIGNED (Month, Day, Year)

3/12/90

to dell'anno della

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

CHARLES WU, 31. DATE FILED (MONITY, DOY, YOLD) MAR 13 1990

	FOR 1 - STATE	STATE OF I	MARYLAND /	DEPAR	RTMENT	OF HEALTH OF DEA	AND I	MENTA		E				
	REGISTRAR 1. DECEDENT'S NAME (First, Middle,	Last)	CE	KIII	ICALE	OF DEA	П	2. DATE	REG. NO.			3. TIME (OF DEATN	
	HELEN	P	SELI	G				()3	05	W	90	111	2 AM	M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las		IF UNDER 1		R 24 HRS.	7. DATE	OF BIRTH		8. BIRTI	IPLACE (SI	ate or Foreign	'n
		1 🗆 M 2 🎉 🗜	82	YRS.	MONTHS	DAYS HOURS	MIN.		1, Day, Year)		Count	GERM	ANY	
	9a. FACILITY NAME (If not institution,	give street and number)		9b. CITY, TOWN OR LOCATION OF DE					EATH 9c. COUNTY OF I					
DIRECTOR	NORTH ARUNDEL				GLE	W BURN	E			Α.	A. C	T/UUO:	Y	
ᇤ	RESIDENCE OF DECEDEN 10s. STATE 10s. CO			10c. CIT	Y, TOWN OR	LOCATION						10d, INSI	DE CITY	
뜸	MARYLAND	ANNE ARUND	EL		GLEN	BURNI	E					1 X XYES	TS7	
	10e. STREET AND NUMBER					101. ZIP CO				10g. CITI	ZEN OF	WHAT COU	NTRY?	
FUNERAL	911 EDGERLY RI).				210	51			U	SA			
5	11. MARITAL STATUS		NT EVER IN U.S. AR			S DECENDENT				or No-		E — Americ		
ВУБ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE	WAR OR DATES			YES XX NO			rrount, atoxy	- 1	Spec		WHITE	;
ED	15. DECEDENT'S	EDUCATION	16a DE	CEDENT	USUAL OCC	UBATION		161	. KIND OF BUS	INESS /INF	MISTRY			
	(Specify only highest Elementary/Secondary (0-12)	grade completed) College (1-4 or 5	(G	ive kind of	work done du se retired.)	ring most of work	ding	100	K KIND OF BOX	JINE 30/111E	2031111			
립	12	Conlege (1-4 or 5	*/	AC	COUNT	ANT			GC	VERN	MENT	1		
COMPL	17. FATNER'S NAME (First, Middle, Las	1)				16. MO	TNER'S NA	ME (First,	Middle, Maiden					
ш	MAX LOUIS PA	SENKER					SARA	AH F	EARL					
10 B	19a. INFORMANT'S NAME (Type/Print)		190	b. MAILING	ADDRESS (Street and Numb	er or Rural	Route Nun	ber, City or Tow	n, State, Zip	Code)			
1	MRS. HARRIET A	LIANO				LY RD.		IN BU			2106			
)	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetary, cramatory or other place) 20c. LOCATION — City or Town, State other place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State													
	4 Donation 5 Other (Specify) ARLINGTON (CHIZUK AMUNO) BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE													
	SOL LEVINSON & BROS, INC.													
	23. PART I. Egter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or								RD.	BALT	O.M		21215	
	shock, or heart fal	lure List only ons ca	at caused tha da use on aach lina	iath. Do I.	not anter ti	na moda or d	ying, suc	n ss car	diac or respi	iratory ar	rest,	Int	proximata arval Betw	reen
	IMMEDIATE CAUSE (Final disease or condition	19	0.1	0			7 8	-1		- 4 1		On	set and D	eath
	resulting in death)	a. OUE TO	OR AS A CONSE	OUENCE C	יאפו	cond	re(44	jar	A L	-	_		
_	OUE TO (ON AS A CONSEQUENCE OF).											į		
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	OUENCE C	OF):									
S	cause. Entar UNDERLYING CAUSE (Disease or Injury	c	\$ ·											
	that initiated events resulting in death) LAST	DUE TO	O (OR AS A CONSE	OUENCE C	XF):									
빙		d										<u> </u>		
151	PART II. Other significant con-	ditiona contributing to	o daath but not i	reaulting	In the und	arlying causs	given in	Part I.	24s. WAS AN PERFOR		24		TOPSY FINDI	NGS
EDICA									1 TYES 2				TION DE CAUS	SE
⊠												1 TYES	3 2 NO	
CIAN														
	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:			OTHER:	26. PLACE OF	DEATN (C	heck only o	ne)					
IXSI	1 YES 2 NO	1 Inpatient 2	ER/Outpatient 3	26b. TII	1	8c. INJURY AT	Raaldenca			N HEN OO	OUMED			
РНҮ	1 Natural 5 Pending	(Month,	Day, Year)		JURY M	WORK?	□ NO	260. DE	SCRIBE NOW I	MJUNT OC	CUHED			
ВУ	2 Accident Investige 3 Suicide 6 Could b	28e. PLACE	OF INJURY — At he	ome, farm,	street, factor			28f. LO	CATION (Street	and Numbe	r or Runal	Route Num	ber,	
回	building, etc. (Specify)													
l mil	29a. CERTIFIER (Chack only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.													
COMPL	(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.													
С	29b. SIGNATURE AND TITLE OF CAM	TIFIER		0	4	29c. LI	CENSE NU	MBER		29d. DA1	TE SIGNE	D (Month, D	lay, Ybar)	
0	/	34.82	(\		~	1 7	010	050	P	1	nas	.5	0	0
일	30. NAME AND ADDRESS OF PERISO	N WHO COMPLETED CA	USE OF DEATN (ITE	M 27) (Typ	e, Print)							7	/	

1600 CRAIN HIGHWAY, S.W. #306

GLEN BURNIE, MARYLAND 21061

• ***

	1 - STATE REGISTRAR	SIAIE UF MARTLA		ICATE OF	DEATH	TENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	. VE	3. TIME OF DEATH
	MAURIC	E	0/	GER		MAR.	1199	0 10 pm
			In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF SIRTH (Month, Day, Year)	1 0	BIRTHPLACE (State or Foreign Country)
	210-07-0133A		59 YRS.			11/30/20		MARYLAND
~	9e. FACILITY NAME (If not institution, give street	and number)		,	OR LOCATION OF DEA		9c. COUNTY	OF DEATH
DIRECTOR	SINAI HOSPITAL				BALTIMORE	E		
EC	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?
듬	MARYLAND			BALTIMO	RE			YES 2 NO
AL	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
Ë	3919 LABYRINTH RD.				21215			SA
FUNERAL	11. MARITAL STATUS 12 1 Never Married 2 X Married	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA		If yes, sp	ecify Cuben, Mexican		or No- 14.	RACE — American Indian, Black, White, etc.
B⊀	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 TYES	2X NO Specify.	:		Specify: WHITE
	15. DECEDENT'S EDUCATI (Specify only highest grade con		16a. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BU	SINESS/INDUST	TRY
COMPLETED		College (1-4 or 5 +)	Me. Do NOT us	se retired.)	st or working			
MP	12		SEL	F EMPLOY	ED	TOY	STORE	
$\bar{\mathbb{S}}$	17. FATHER'S NAME (First, Middle, Last)				2000	WE (First, Middle, Maiden		
BE	HARRY SIGER 19a, INFORMANT'S NAME (Type/Print)					LE GROSSBL		
2	SEASTANTE IN CONTRACTOR					Number, City or Tox		
	MRS. IRENE SIGER	206	. PLACE OF DISPO			BALTIMORE 20c. LO	CATION — City	21215 or Town, Stata
	1 Burlel 2 Cremation 3 Removal	I from State	other place)		ARLINGTON		ALTIMO	
	21. SIGNATURE OF FUNERAL SERVICE LICEN			22. NAME A	ND ADDRESS OF FAC	CILITY		
	Induly L.	Stille	uhu			SON & BROS		mo ND 01015
	23 PART I. Entar the dispases, or con	plications that caused	d the death. Do	not enter the me	de of dying, such	RSTOWN RD	iratory arrest	, Approximata
	ahock, or heart fallure. List IMMEDIATE CAUSE (Final	t only one cause on e	ach line.					Interval Batween Onset and Daath
	disease or condition a. DUE TO (OR AS A CONSEQUENCE OF)							
	resulting in deatily			-				
N	Sequentially list conditions, b	Coot						
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OH AS A	CONSEQUENCE O	-):				
FIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):				
HT	resulting in death) LAST							
	PART II. Other significant conditions of	contributing to death h	set not resulting	In the underlyin	a cause alven in	Part I. 24s, WAS AI	AUTOPSV	24b, WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	TAIT III GUILL SIGNIFICANT CONTROLLS	online to death b	out not reserting	iii uiu uiiooiiyii	a cause given in	PERFO	RMED?	AVAILABLE PRIDE TO COMPLETION OF CAUSE
ED						1 YES	2 □ 110	DF DEATH?
Σ						— I		1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF DEATH (Ch	eck only one)		
SIC		IOSPITAL:	petient 3 J.BOA	OTHER: 4 Nursing Ho	ne 5 🗆 Residence	8 Other (Specify)		
PH	27. MANNER OF DEATH	25e. DATE OF INJURY (Month, Day, Year)	28b. Till IN		JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCUR	RED
BY	1 Neturat 5 Pending 2 Accident Investigation	A VACA SCHILLIST			YES 2 NO	-		
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spec	f — At home, farm, clfy)	street, factory, offi	20	281. LOCATION (Street City or Town, State	end Number or i	Rural Route Number,
H	AAA CENTELED		·					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA PHYSICIA (Check only one) 2 MEDICAL EXAMINER:	6						euse(e) and manner ee stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIER			250 0002 1400001	29c. LICENSE NUN			IGNED((Month, Day, Year)
BE	EL. Q	clous so-			Diol		▶ 3	18/90
5	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DE	EATH (ITEM 27) (Typ)	a, Print)				
	E. Lee Robb			ock Icd.	wither.	ille me	21093	3
	MAR 1 3 1990 Juli	32, REGISTRAR'S SIGN	ATURE					
	MINIT TO 1330 900	Meridian for						DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-hours after death. Page 6 may be retained to TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEP/	ARTMENT	OF H	EALTH ANDEATH	ND MEI	NTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) BENJAM	IN SHUMAN					2.	DATE OF DEATH DAY MARCH 7	1990	3. TIME OF DEATH 11:20 A M
	4. SOCIAL SECURITY NUMBER 161-20-3414	5. SEX 6. AGE	(In yrs. lest birthde	MONTHS	1 YEAR	IF UNDER 24 H	III.	Oct. 16,		BIRTHPLACE (State or Foreign Country) MARYLAND
	9a. FACILITY NAME (If not institution, give a		70	9b. CITY,	TOWN 0	R LOCATION (Y OF DEATH
e e	SINAI HOSPITAL			BALTIMORE						
2	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y	10c.	CITY, TOWN O	R LOCAT	ION				10d. INSIDE CITY
E	MARYLAND			BA	LTI	MORE				1 XES 2 NO
AL.	10e. STREET AND NUMBER				-	ZIP CODE			10g. CITIZE	N OF WHAT COUNTRY?
BY FUNERAL DIRECTOR	6951 GLEN HEIGHT	S RD.				212	215		US	
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 YES	2 NO	1 1	f yea, sp	ocify Cuben, N	Aaxican, P	ORIGIN? (Specify Yea uerto Ricen, etc.)	or No—	I. RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES	1	YES	2 X NO 3	Specify:			SpecifyWHITE
B	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDEN	T'S USUAL OC				16b. KIND OF BUS	INESS/INDUS	STRY
E I	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NO	T use retired.)		or or working				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			BAKEF	ξX	40 14071150	10 11445	RETA		
8	MORRIS SHUMAN						ENNI	The second second		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING AOORESS	(Street a			Number, City or Town		ode)
2	MRS. RAE SHUMAN		695	1 GLEN	I HE	IGHTS	RD.	BALTO.	,MD	21215
	20s. METHOO OF DISPOSITION 1 Striel 2 Cremation 3 Rem	soval from State	b. PLACE OF OIS other place)				ry or			ty or Town, State
	4 Donation 5, Other (Specify)	cender / A	BETH	EL MEN		ARK ID ADDRESS (OE FACILI		VDALLS	STOWN, MD
	21. SIGNATURE OF TOREING SERVINGS EN	THOU	v 520					& BROS.	, INC.	
	23. PART I. Shiter the diseases or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate									
ĺ	ahock, or Meant Milure. List only one ceuse on each line.									
	iMMEDIATE CAUSE (Finel disease or condition	Arlege	1)SOULA	restin	C	audi	no d	sculous	Dise	OLD P
	resulting in deeth)	DUE TO (OR AS	A CONSEQUENCE	E OF):		-010	00 00	Coon		
Z	Sequentielly list conditions,	b								
CERTIFICATION	if eny, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENC	E OF):						
FIC	CAUSE (Diseese or injury that initieted events	C. OUE TO (OR AS	A CONSEQUENC	E OF):						
HH	resulting in deeth) LAST	d								
CC	PART II. Other eignificent condition	ns contributing to deeth	but not resulti	ng in the un	derlyin	g cause give	en In Par	rt I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
ICAL	Prior	Myocary	die 1	Lyf	ai	cheei	'n	PERFOR	-	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
WED		,								1 YES 2 NO
PHYSICIAN: MEDI										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	_	LACE OF DEAT	TH (Check	only one)		
1YS	1 YES 2 NO	1 ☐ Inpatient 2 ☐ ER/Out 26e. DATE OF INJURY		A 4 Nur	alng Hon 28c. INJ			Other (Specify)	VJURY OCCU	IRED
	1 Natural 5 Pending	(Month, Day, Year)	200.	INJURY M	1	DRK?	"	u, orgonist non n	100111 0000	71166
Э ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR building, etc. (Spe		rm, street, fact	tory, offic		\rightarrow	of. LOCATION (Street a City or Town, State)	nd Number o	r Rural Route Number,
Ē	4 Homicide determined	banang, etc. (op.	outy)					ony or lown, orato,	. <u>.</u>	
COMPLETED	Check only	SICIAN: To the best of my kno	wledge, death oc	curred at the t	lme, date	and place, ar	nd due to	the cause(a) and men	ner as stated	d,
8	one) 2 MEDICAL EXAMIN	ER: On the basis of examinati	on and/or investig	gation, in my o	opinion, o	leath occured	at the tim	e, data and place, an	d due to the	cause(a) and menner as stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIE	ER .				29c LICENS	SE NUMBE	72	29d. DATE	SIGNED (Month, Day, Year)
2	30, NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF O	EATH (ITEM 27)	Type, Print)		01	1 1		2	3/8//0
	EDWARD W	MILLER.	MID	570	1	Loch	Par	en Blud	Ka	th, Mel 2439
	MAR 1 3 1990	32. REGISTRAR'S SIG	ndell.							

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NOIS	O STORES

FOR STATE REGISTRAR

		1. OECEDENT'S NAME (First, Middle, Last)	2 Steine	20		VIE O	DEATH	2. OATE O	F DEATH	190	EAR 3. TII	ME OF DEATH	
1, 2, 3 should		4. SOCIAL SECURITY NUMBER 218-32-1420 9e. FACILITY NAME (If not institution, give a	5. SEX 1 M 2 F treet end number)	(In yrs. lest	YRS. MON	MONTHS DAYS HOURS MIN (Month, Day, Year)				8. BIRTHPLACE (State or Foreign Country) MARYLAND 9c. COUNTY OF DEATH			
	DIRECTOR	Jew Sh Conua		ma		i Kes	ville		BALTIMORE				
nit. Pages		MARYLAND 106. COUNT	Υ		10c. CITY, TO	BALTI	MORE		10d. INSIDE LIMITS? YES 2			YES 2 NO	
nne permit.	FUNERAL	5900 PARK HEIGHTS	AVE., APT.	302			101. ZIP CODE 2121	5	10g. CITIZEN OF WHAT COL			COUNTRY?	
	B	11. MARITAL STATUS 1 Never Married 2 Merried 3. Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR O	2 (A) N	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or N If yes, specify Cuben, Mexicen, Puerto Ricen, atc.) 1 YES 2 NO Specify:						No- 14. RACE American Indian, Black, White, atc. Specify: WHITE		
AND 21203. the hospital or attendetached for use	PLETED	15. OECEOENT'S EOU (Specify only highest grade Elementary/Secondery (0-12)	18a. DEC (Gh life.	D. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOUSEWIFE						USINESS/INDUSTRY AT HOME			
	101	17. FATHER'S NAME (First, Middle, Last) FRANK BRENNER					18. MOTHER'S	GOLDIE					
y be retained by sage 5 should be notified at	2	190. INFORMANT'S NAME (Type/Print) JULES DONALD			7301 P	ARK H	TS. AVE.	, APT.	304	BALTO)., MI		
10 C		20e, METHOO OF DISPOSITION NABuriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State			DA AN	SHE KURL	AND		BALTIM			
BALTIMOR of the funeral director, val.		21. SIGNATURE OF FUNERAL SERVICETM	CENSEE				AND APPRESS OF LEVINSO O REISTE			INC. BALTO	OM, C	21215	
S, P.O. BOX 13146, to death certificate be executed within 24 hours after the attending physician and completely filled in by the Mental Hyglene prior to burial, cremation, or removal itury, or other traumatic event, the medical	ERTIFICATION	23. PART I. Ener the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS OUE TO (OR AS	A CONSEC	DUENCE OF): DUENCE OF):	1A	7 K	IDN	IST JGS	WI	Martha	Interval Batween Onset and Death	
ECORDS requires that the een signed by the of Health and M shows any inju	ME	PART II. Other aignificant condition	na contributing to death i	but not n	eaulting in th	ne underly	ing cause given	in Part I.	24a. WAS AN PERFOR 1 YES 2	MEO?	COM OF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO	
SICIAN: The law certificate has be the State Dept.	SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO	HOSPITAL:	petient 3		HER;	PLACE OF OEATH						
OF PHYSIC this ce this ce this ce	: }	27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		26b. TIME OF	28c.	INJURY AT WORK?	_		NJURY OCCU	RED		
ISIO TTENDI TOR: A after d	TED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At ho	me, farm, stree	t, factory, o	ffice		ATION (Street a or Town, State)	and Number or	Rural Route	Vumber,	
Z Z Z Z		onel	ER: On the basic of examination									menner as stated.	
TO THE HOSPIT TO THE FUNER De filed within 7	TO BE C	296. SIGNATURE AND TITLE OF CURTIFIE	ushè	,/	NP		29c, LICENSE P	UMBER (29d. DATE I	3/-	1, the was	
	-	30. NAME AND ADDRESS OF PERSON W	32. REGISTRAR'S SIGN	MO	M 27) (Type, Poly	210	PAR	K /te	£1614	18 6	1a, j	BATM	
		MAR 1 3 1990	file Kindon	المرا						<u></u>	/	201 DHMH-18 Rev 1/89	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Committee of the second

3. TIME OF DEATH

OHMH-16 Rev 1/89

8. BIRTHPLACE (State or Foreign Country) N.C.

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FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

215-18-9701

1. DECEDENT'S NAME (First, Middle, Last)

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6. AGE (In yrs. lest birthday)

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	IE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in
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should	~	9a. FACILITY NAME (If not institution, give s	,		96. CITY	, TOWN DR LOCATION OF D	EATH		9c. COUNTY	OF DEATH	
. 2. 3	OT:	800 Wicklow Rd.		Balto.							
Pages 1.	DIRECTOR	10e. STATE 10b. COUNT	Y	0.0	y, TOWN	OR LOCATION				INSIDE CITY LIMITS? YES 2 NO	
ermit		10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
nsit p	FUNERAL	800 Wicklow Rd.	•			21229 USA					
the bunial-transit permit. Pages	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3XX Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FDRCES? 1 YES 2			WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1 YES 2 NO Speci		res or No— 14. RACE — American Indian, Black, Whita, stc. Specify: Black			
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ed for use as	COMPLETED	(Specify only highest grade		(Give kind of life. Do NOT u	work done	during most of working	100.	KIND OF BUS	INESS/INUUS		
be detached for at once.		17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N.			Surname)		
	BE	Geroge Spain 198. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRES	S (Street and Number or Rural			. Statu. Zio Co	de)	
be notified	2	Arabell Jones		800 W	cklo	W Rd., Balt		ld. 2	21229		
a line		1\(\text{Solution} \) Buriel 2 \(\text{Cremation} \) Cremation 3 \(\text{Rem} \) Rem 4 \(\text{Donation} \) Donation 5 \(\text{Other} \) Other (Specify)	noval from Stats Cothe	ng Men	n. Pk				dallstown, Md.		
examine		21. SIGNATURE OF PUNITURE SERVICE SCENEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Ave.									
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letely filled in emation, or int, the ma		IMMEDIATE CAUSE (Final disease or condition resulting in death)	eDUE TO (OR AS A CON	140	CA	PROIAL	1	NFA	PCT.	702	Onset and Dat
the attending physician and completely filled in by the investmental Hygiene prior to burial, cremation, or remova niury, or other traumatic event, the medical-examiner must	ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (DR AS A COM								
ttending physical Hygiene p	CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	d.	ISEQUENCE C	F):						
seen signed by the att. of Health and Menta	MEDICAL (PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PREFORMED? AMILIBLE PRIOR TO OF DEATH?									
certificate has been signed by 1 the State Dept, of Health and 1, or item 23 shows any ir											YES 2 NO
State Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Check only one)						
he Sta	YSIC	1 YES 2 NO	1 Inpatient 2 ER/Outpatien			rsing Home 5 Residence	6 🗆 Othe	r (Specify)			
er this ce ath with the narked,	ву РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TH	ME OF 28c, INJURY AT WORK? M 1 YES 2 NO			CRIBE HOW INJURY OCCURED			
ECTOR: Af s after de		3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								Number,
TO THE FUNERAL DIRECTOR: After this obe filed within 72 hours after death with IMPORTANT: If Item 28 is marked,	COMPLETE	one)	SICIAN: To the best of my knowledge ER: On the basis of examination and							euse(s) and	menner as stated
THE FUN filed with	BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Leduvina L.	Cuet	 ✓ 	29c. LICENSE NO.	MBER 8541	ı	29d. DATE 9		ith, Day, Year)
2 6 3 🛣	욘	30. NAME AND ADDRESS OF PERSON WI				Bori	ATT- ATT	MD	- 57	,,,,,,	
		31. DATE FMART 3 1990	3/ REGISTRAR'S SIGNATUR STATE DOWNSON	ander							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

SPAIN

IF UNDER 24 HRS.

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year) 8-13-1894

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31. DATE FILED (Month, Day, Year) MAR 1 3 1990

	FOR STATE REGISTRAR	STATE OF M			TMENT ICATE					HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	OEATH DA	Y	YEAR	3. TIME OF DEATH
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	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF (Month, L			8. BIRTH Counts	IPLACE (State or Foreign y)
	219-70-6077	1 🗌 M 2 🔀 F	됐 F 83 YRS. 10/27/06					Maryland					
_	9e. FACILITY NAME (If not institution, give st	•					OR LOCATION	ON OF DE	ATH			NTY OF D	
DIRECTOR	5412 Old Court Rd	• 01d Co	ırt Nurs	sing	Home	Home Randallstown Balti					more		
딦	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c, CIT	Y, TOWN C	R LOCAT	ION						10d. INSIDE CITY
E	Maryland	Baltime	ore		Ba	1tim	nore						LIMITS?
	10e. STREET AND NUMBER			101	101. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY								
FUNERAL	8413 Merryview Drive 21207 United St										States		
3	11. MARITAL STATUS	12. WAS DECEOEN							IC ORIGIN?			14, RACI	— American Indian.
6 3 Wildowed 4 Divorced Whit									White				
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade		/G	ive kind of	USUAL Of	during mo	ON st of working	ng	16b. K	IND OF BUS	INESS/INC	USTRY	
۳	Elementery/Secondary (0-12)	College (1-4 or 5 +) ///e	Do NOT u									
MP	12 years			Home	make	r	r						
	17. FATHER'S NAME (First, Middle, Last) Simon B. Myer					ME (First, Middle, Maiden Sumame)							
BE	19e. INFORMANT'S NAME (Type/Print)		10	- MAII INV	ADDDEC	2 (04			Smith Boute Number		One To	0-4-1	
19	Mr. William C. Sm	ith			Merr			Driv		1timo			21207
	20e. METHOD OF DISPOSITION		20b. PLACE			-			е ва		CATION —		
	©∑Suriel 2 ☐ Cremetion 3 ☐ Remetal Donation 5 ☐ Other (Specify)	oval from State	other pl	ace)					tery		od1a		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	11				NO ADDRE						
	Stocker	- 11-	Texte	n					Funer Road	Rand		town	, MD 21133
	23. PART i. Enter the diseeses, or cahock, or heert failure.	complications that	caused the de	eth. Do	not enter	the mo	de of dy	ing, auci	h aa cerdis	c or raspi	ratory sn	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Fine)	List only one tad	se Dil eech lille	y.									Onset and Death
	disease or condition resulting in deeth)	Asph	yxia										
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_ I	PART II. Other significent condition		dooth but out	tal				alven in	Part I 2	4a, WAS AN	AUTOPSY	246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PERFORMED? AMAILABLE P TX YES 2 NO OF DEATH													
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N: MEDICA	PART II. Otter significant continue	s contributing to	Geeth Dut not t	resulting	In the ur	nderlyln	g cause			PERFOR	RMED?		OF DEATH?
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E COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, D) 3-10- 28e. PLACE O building, DUCS: CIAN: To the best of e	ER/Outpetlent 3 INJURY by, Year) = 9 0 FINJURY — At he etc. (Specify) Ing home my knowledge, de xamination end/or	28b. Till IN	OTHEI 4% Nur ME OF JURY M street, fac	28. Pt R: raing Hom 28c. INJ WC 1 tory, office	LACE OF C	NO NO e, end due red at the	eck only one) 6 Other (28d. DESC Neck 28f. LOCAT City or 5412 to the cause time, date a	Specify) RIBE HOW I COMPTION (Street fown, State) Old (Colon and mail	NJURY OCCESSE and Number as ate ad due to till 29d. DAT	d by r or Rurel Rd.	of DEATH? 1X YES 2 NO restraint Route Number, Balto. Co. MD and menner ee stated.

OHMH-16 Rev 1/89

fied at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 in TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct to filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF		MEN	TAL HYGIENE REG. NO.			
	1.77	STEIN		EINACH			ATE OF DEATH DAY		YEAR 90	6:165/AA M
	2013-05-1924		E (In yrs. lest birthday) 76 YRS.	IF UNDER 1 YEAR MONTHS DAYS			THE OF BIRTH		B. BIRTHP Country)	PA .
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWI	OR LOCATION OF E	EATH		9c. COUN	TY OF DE	ATH
DIRECTOR	CHURCH HOSPITA	L CORPORAT	CION	BAI	LTIMORE	CI	TY			
EC	10a. STATE 10b. COUNTY	,	10c. Cl	TY, TOWN OR LOC	CATION					IOd. INSIDE CITY LIMITS?
		timore	K		RECORR	XX				I ☐ YES 2 🛣 NO
FUNERAL	100. STREET AND NUMBER 534 SOUTH 48TH	STREET			21224			U.S.A.		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 NO Spec	an, Pue		a or No- 14. RACE — American Indian, Black, White, atc. Specify: White		
	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S (Give kind of	work done during	TION most of working		16b. KIND OF BUS	INESS/INDU	ISTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Grin	_			B.S.Co	1		
8	17. FATHER'S NAME (First, Middle, Last)		02.2		18. MOTHER'S N	AME (F)	irst, Middle, Meiden S			
BE C	Andrew Steinach				Sophi	a				
TO 1	19a. INFORMANT'S NAME (Type/Print)				ot and Number or Rura					
- 1	Mrs. Marie Stein 20a. METHOD OF DISPOSITION				cemetery, crematory or			Md		
	1 Burial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from State	other place)	en Mou						Md. 2122
	21. SIGNATURE OF FUNERAL SERVICE	NHEE	in .		AND ADDRESS OF F				1 Ch	1
	Walter I	Dobaus	de							e,Md. 21224
N		a. ADE CO (OR AS	each line. ARC ACONSEQUENCE	iNOMO	4 0 F T	HS-	RECTO	sia		Approximate interval Between Onset and Death
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events CONCESTIVE HEAT TAILURE! DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other eignificent condition	n but not resulting	in the underly	ring ceuse given i	n Part	I. 24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (check or	nly one)			
IYSI	1 YES 2 NO	1 Inpetient 2 ER/O		4 - Nursing I	lome 5 - Residence	7	Other (Specify) DESCRIBE HOW II	Williah Ucc	TIBED	
P	1 Naturel 5 Pending	(Month, Day, Yea		JURY	WORK?	200	. DESCRIBE NOW II	nount occ	ONED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJU- building, etc. (S	IRY — Al home, ferm	, street, fectory, o	ffice	281.	LOCATION (Street a City or Town, State)	and Number	or Rurel A	oute Number,
COMPLETED	(Check only	ICIAN: To the best of my kn								and manner as stated.
296. LICENSE NUMBER 29d. DAT								(Month, Day, Year)		
TO B	30. NAME AND ADDRESS OF PERSON WH	HO COMPLETED CAUSE OF	OF O'H (NEM 27) B	ROADWA	Y BALTI	MOF	RE MD.	2123		06/90.
	JOSEPH JHHBAYRA	M. Det LI	BAYC	4H						
	MAR 1 3 1990	Solia Davidson	-Mandelle	,						

ALLE or, would be care to make

notified at

CERTIFICATION

PHYSICIAN: MEDICAL

BY

TO BE COMPLETED

Sequentielly list conditions,

if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events

reaulting in deeth) LAST

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

YES 2 NO

27. MANNER OF DEATH

1 Netural

2 Accident

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mouns amenga TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal; IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical is

	1 - STATE REGISTRAR	STATE UP N		ERTIF						YGIEN EG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lust) Shirl	ey	Spiller				2. DATE OF D MONTH 3-7-	DA	ıγ	YEAR		of DEATH	м		
	4. SOCIAL SECURITY NUMBER 236 52 6301	5. SEX 1 M 2 1 F	and the same of the same of the same		IF UNDER	24 HRS. MIN.	Jan. 18, 1936		8. BIRTI	hplace (State or Forei	_{ign} lina			
HOH	99. FACILITY NAME (If not Institution, give street and number) University Hospital Baltimore City 96. COUNTY OF I							DEATH							
DIMECTO	Maryland Daltimore				Y, TOWN O								LIR	SIDE CITY WITS? XX ES 2 NO	0
EKAL	100. STREET AND NUMBER 2001 Bopp Ave. 21.220								10g. CIT	US		UNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISPAN If yes, specify Cuben, Mexicen 1 YES 2 NO Specify					n, Puerio Rican		or No—		k, White,	rican Indien, etc. Whit				
COMPLEIED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16. DECEDENT'S USUAL OCCUPAT (Give kind of work done during m life. DeVir use retired.) OWNER - Ope:					during mo	st of workli	_	18b. KINI		elive	ery S	erv:	ice	
BE CON	17. FATHER'S NAME (First, Middle, Last) Rufus Spain 18. MOTHER'S NAME (First, Middle, Meiden Surname) Dobie														
2	190. INFORMANT'S NAME (Type/Print) Wanda Cobbs, Da	ughter							Poute Number, C			p Code)			
	4 Donation 5 Other (Specify)	Burlet 2 Cremetion 3 Removal from State													
	21. SIGNATURE OF FUNERAL SERVICE LI		ilu			Bru		ski	Funera stern				Md	. 212	21
	23. PART I. Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Finel disease Dr condition	List Dnly Dne ceu		ne.		the mo	de of dy	ing, auc					A In	pproximatenterval Bate Inset and D	e ween

PART II. Other algnificent conditione contributing to death but not resulting in the underlying ceuse given in Part i.

1 ☐ Inpatient 2 MAR/Outpatient 3 ☐ DOA

28e. DATE OF INJURY (Morth, Day, Year) 3-7-90

DUE TO (OR AS A CONSEQUENCE OF):

OUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO

28d. DESCRIBE HOW INJURY OCCURED

Self inflicted

281, LOCATION (Street end Number or Rural Route Number,

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 TES XX NO INSPECTION

3-8-90

Suicide 8	Could not be determined	28e. PLACE OF INJURY — At home, ferm, street, factory, offic building, etc. (Specify) home	City or Town	(Street and Number or Rural Route Number, n, State) Opp Avenue, Baltimore	Co.MD
anal (: To the best of my knowledge, death occurred at the time, date in the basic of examination end/or investigation, in my opinion, d			od.
290 SENATURE AND T	THE OF CERTIFIER		29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)	\neg

28b. TIME OF INJURY 1:20PM

28e. PLACE OF INJURY — At home, ferm, street, factory, office

		4.0	70					
NA.	WE AND ADDA	ess on se	DSON WHO	COMPLETED	CALLEE OF D	EATH //TCM 1	T) /Time Deleth	

JAMES KAPLAN, MD

Penn Street, Baltimore, MD 21201

28c. INJURY AT WORK?

1 YES 2 70

OCME

26. PLACE OF DEATH (Check only one)

5 - Reeldence 6 - Other (Specify)

MAR 1 3 1990 32. REGISTRAR'S SIGNATURE his Davidson-Randa

DHMH-18 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fi	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, this
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	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG, NO.								
		ward John		'MANS		2. DATE OF DEATH March 13,		AR	ME OF DEATH 12:10 a _M
	220 07 2255	SEX 6. AGE (In yrs. las	YRS. IF UNDER	DAYS	IF UNDER 24 HRS, HOUR# MIN.	7. DATE OF BIRTH	Ba	altin	e (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give street Franklin Square Hos RESIDENCE OF DECEDENT			9b. CITY, TOWN OR LOCATION OF DEATH ROSSVILLE 21237			Baltim		County
DIRECTOR	100. STATE 10b. COUNTY Maryland Baltim	1070	10c. CITY, TOWN OR LOCATION Middle River 21220			21.220		10d.	INSIDE CITY LIMITS? YES 2 NO
	10e. STREET AND NUMBER	101. ZIP CODE					10g. CITIZEN	OF WHAT	
FUNERAL	31 Right Wing Dri				212			5.A.	
BY	1. MARHIAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 N IF YES, CIVE WAR OR DATES	NO	If yes, spec	IDENT OF HISPAN Its Cuben, Mexica NO Specify	NC ORIGIN? (Specify Yea n, Puerto Rican, etc.) y:		RACE — A Black, Whi Specify:	merican Indian, ita, atc. White
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)	(G College (1-4 or 5 +)	CEDENT'S USUAL Of ive kind of work done . Do NOT use retired.)	during most		16b. KIND OF BUS			
OMP	17. FATHER'S NAME (First, Middle, Last)	T	cool Grin	der	18 MOTHER'S NA	ME (First, Middle, Meiden		Comp	pany
BE CO	Ignaitius Szyman				ne Gostoms				
TO B	19a. INFORMANT'S NAME (Type/Print)	191				Route Number, City or Tow			
	Ada Dorothy Szymans 200. METHOD OF DISPOSITION		OF DISPOSITION (N			altimore M	CATION - CHY		
-	1 Denation 5 Other (Specify)	from State other pl	(ace)						y, Marylan
in.	21. SIGNATURE OF FUNERAL SERVICE LIGHT	of Juke	Br	uzdzi		neral Home rn Ave. Ba		e Mar	21221
	23. PART I. Enter the diseases, or com	pplications that caused the det only one cause on each line	eath. Do not ente	r tha mod	e of dying, suc	h aa cardiac or reapi	ratory arrest,		Approximata Interval Between
	IMMEDIATE CAUSE (Final	Necrotic Bowel	١.						Onset and Death
z	PeritonitisSepsis.								
CERTIFICATION	Sequentially list conditions, If any, leading to immediate								
FIC	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	Shock. DUE TO (OR AS A CONSE	OUENCE OF):						
ERT	reaulting in death) LAST								
	PART II. Other algnificant conditions of				cause given in	Part I. 24s. WAS AN			E AUTOPSY FINDINGS LABLE PRIOR TO
MEDICAL	Diffuse Atheroso Renal Failure.	clerotic Vascul	lar Disea	ase.		1 TES 2		CON	PLETION OF CAUSE DEATH?
	Renal Fallure.					_		1 [YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL/	CE OF DEATH (Ch	neck only one)			
YSIC	1 TYES 2 X NO 1	IOSPITAL: X Inpatient 2 ER/Outpatient 3	_	irsing Home		6 Other (Specify)			
ву Рн	27. MANNER OF DEATH 1 X Natural 6 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJU WOF 1 Y	RY AT IK? ES 2 NO	28d. DESCRIBE HOW	NJURY OCCUR	ED	
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factor building, etc. (Specify)				ry, office 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			Number,	
COMPLETED	one)	N: To the best of my knowledge, do						use(e) end	I manner se stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Toler While	JR.	M.D.	29c. LICENSE NUI D36775	MBER	29d. DATE SIG	3-90	
5	Peter White, Jr.,			lavo		lto 2122	7		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	IKI III JYL	Jaie	υι., υαι				
	MAR 1 3 1990 State	· Savidson-Rando Ma			<u> </u>				

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	in 25 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR STATE OF MARYLAND / 1 - STATE REGISTRAR CE		TMENT OF		MENTAL HYGIEN REG. NO	E		
,	1. DECEDENT'S NAME (First Middle, Last)				2. DATE OF DEATH MONTH	7 90		TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. les 2) G-12 · 7993 1 - M 2 F 8/	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day) Year)	~ 0	ountry)	CE (State or Foreign
TOR	90. FACILITY NAME (If not Institution, give street and number) Unit of MD hosp			on Location of Di	ATH /	9c. COUNTY	OF DEAT	1
DIRECTOR	10e. STATE 10b. COUNTY	y 10c. CITY, TOWN OR LOCATION Baltimere						
FUNERAL	100. STREET AND NUMBER 4411 Spring Jule Ave		1	21215		10g, CITIZEN	USA	1
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. Was DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 WIFYES, GIVE WAR OR DATES	RMED NO	If yes, a	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 — YES 2X NO Specify: 1 — YES 2X NO Specify:				
COMPLETED	(Specify only highest grade completed) [G Elementary/Secondery (0-12) College (1-4 or 5+)	Give kind of a b. Do NOT u	usual occupat work done during in se retired.)	TION nost of working	16b. KIND OF BU	mestic		
	17. FATHER'S NAME (First, Middle, Last) Hannibal Brockingto		idker.	16. MOTHER'S NA	ME (First, Middle, Meiden			
) BE			ADDRESS (Street	end Number or Rural	Route Number, City or Tow	m, State, Zip Coo	o)	
임					e. Balto			21215
	₩ Buriel 2 Cremetion 3 Removal from State other p	ilace)		emetery, crematory or		CATION — City		ryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	tus	22. NAME	al Park	Derri	ck C.	Jor	nes F.H.
\dashv	23. PART I. Enter the disesses, or complications that caused the de				eights A			Approximate
	ahock, or heart failure. List only one ceiuse on each line IMMEDIATE CAUSE (Finel disease or condition resulting in death) a.	onar	y Co1	lapse	-			Interval Between Onset and Death
NO	Due to (or as a consequence of): Sequentially list conditions, Due to (or as a consequence of):							
CATI	If any, leading to immediate couse. Enter UNDERLYING		liver.	spleen	Stomac	6		
CERTIFICATION	that initiated events resulting in desth) LAST DUE TO (OR AS A CONSE		ceral	Isch	emia			24hrs
PHYSICIAN: MEDICAL	PART II. Other eignificent conditions contributing to deeth but not	resulting	in the underly	ng ceuse given in	Pert I. 24e. WAS AI PERFO	RMED?	AV	ERE AUTOPSY FINDINGS AILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
: ME					_		1 [YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26.	PLACE DF DEATH (C	heck only one)			
IYSI	1 YES 2 NO 1 Impatient 2 ER/Outpatient 2 27. MANNER OF DEATH 25e. DATE OF INJURY	3 🗆 DOA	4 - Nursing H	ome 5 Residence	6 Other (Specify)	IN ILIEN OCCUR	ED.	
BY PH	1 Netural 5 Pending (Month, Dey. Year) 2 Accident Investigation		JURY	WORK? YES 2 NO	200. DESCRIBE NOW			
ED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm,	street, factory, of	fice	261. LOCATION (Street City or Town, State		Rural Flout	e Number,
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, d medical examiners on the best of examination end/or						iuse(s) si	nd menner as stated.
BE	296 AIGHATHE AND THE OF GETTIFIEN			29c. LICENSE NU	MBER	29d. DATE SI	GNED (M	SO
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT) WSCOTT MELVIN MD 2	25		Sieene	S+ Bal-	f mo	2	1201
	MAR 1 3 1990 Sector Devider Mark 1 3 1990	E 1						

for the second

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)

9c. COUNTY OF DEATH

HVER

4. SOCIAL SECURITY NUMBER

IF UNDER 1 YEAR

DAYS

HOURS 9b. CITY, TOWN OR LOCATION OF DEATH

G. TAWNEY

8. AGE (In yrs. last birthday)

5. SEX

1 🗆 M 2 💢 F

2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Day, Year)

BALTIMODE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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	TOR	BOO SUNFLOWER DRIVE	BILAIR	HAK	RFORD
	DIRECTOR	10a. STATE 10b. COUNTY 10ARY CON HARFORD	10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO
	FUNERAL	100. STREET AND NUMBER 300 SUOFLOWSR DRIVS	250 101. ZIP CODE	10g. CITIZE	N OF WHAT COUNTRY?
	B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	MED 13. WAS DECENDENT OF HISPAN It yes, specify Cuban, Maxicar 1 YES 2 NO Specify	n, Puarto Rican, etc.)	4. RACE — American Indian, Black, White, atc.
-	COMPLETED	(Specify only highest grade completed) (Gi	CEDENT'S USUAL OCCUPATION Ve kind of work done during most of working Do NOT use retired.)	16b. KIND OF BUSINESS/INDU:	STRY
led at once.	H	17. FATHER'S NAME (First, Middle, Last) GSRGS BURLAND SAS 198. INFORMANT'S NAME (Type/Pript) 191	18. MOTHER'S NAI	A BLAND D	ORR
I	0T	FAMILY RECORDS	SAMS AS ABO	20c. LOCATION — CH	
examiner mu		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVINE LICENSEE	22. NAME AND ADDRESS OF FACE VANS CHAR	OF LIEMO	Riss
il, cremation, or removal.		23. PART I. Entar tha diseases, or complications that caused the de shock, or heart feliure. Liet only one cause on each line iMMEDIATE CAUSE (Final disease or condition resulting in death)	isth. Do not enter the mode of dying, such		st, Approximata interval Batween Onsat and Dasth
Hygiene prior to buna or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CONSECUTIVE CO	DUENCE OF):		
of Health and Mental shows any Injury,	MEDICAL	PART II. Other significant conditions contributing to death but not reconditions.	asulting in tha undarlying cause given in	Part I. 24a, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
or item 23	/SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpettent 2 ER/Outpettent 3	28. PLACE OF DEATH (Chi		
with t	ED BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide S Could not be 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — At he building, etc. (Specify)	28b. TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO ma, tarm, street, factory, office	28t, LOCATION (Street and Number of City or Town, State)	
in 72 hours after death T. If Item 28 is mai	COMPLETE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of axemination and/or			
be filed within 72 h	TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	29c. LICENSE NUM	ABER 29d. DATE	SIGNEO (Month, Day, Year) ARCH 9, 1990
	·	DR. ANDREW NOWAKOW 31. DATE FRED (Manth-Day, Mary) 32. REGISTRAR'S SIGNATURE	ISKI 125 NORT	H MAINST	RILT
		MAR 13 1990 Julie Davidson-Randel			DHMH-18 Rev 1/

permit, Pages 1, 2, 3 should

burial-transit

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 mot be retained by the hospital or attending	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral direct. page 3 should be detached for use as the		IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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VIII)	pletely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ent,
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4 Homicide 29a, CERTIFIER

30. NAME AND AD

29b. SIGNATURE AND TITLE OF CERTIFIEF

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 3. TIME OF DEATH 2. DATE OF DEATH __MONTH 1. DECEDENT'S NAME (First, Middle, Last) PARCH 990 OHO IAC 0 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 | F 404 20 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Anns 865 GOVER AR 10d. INSIDE CITY LIMITS? 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10a, STATE PARYLAND 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 212 OAL 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 YES If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: FORCES? 2 NO 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest Elamentary/Secondary (0-12) College (1-4 or 5+) COMPL TORS OWN 17. FATHER'S NAME (First, Middle Last) 18. MOTHER'S NAME (First Middle Maiden Surname OHO BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and No nber or Rural Route Number, City or Town, Stata, Zio Codel 0 FAT 20a. METHOD OF DISPOSITION

1 Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of o 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 0 EVANS ORC 23. PART I. Enter the disesses, or complications that coused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between shock, or heart feiture. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final disesse or condition resuiting in deeth) DUE TO (OR AS A CO SEQUENCE OF nincha CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated eventa recuiting in deeth) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 | YES 25 NO t 🗌 YES 2 🗌 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO ΒY 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be

> 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as steled. stigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

RESS O	F PERSON WHO	COMPLETED	CAUSE OF	DEATH (ITEM :	27) (Type,	Print)	0	10000000	
211	RI	000	22	11	17	-	80	ETON	-

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year) - Randelle MAR 1 3 1990 Davidson

2 MEDICAL EXAMINER: On the basis of axa

ARC

THOMAS

IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS

ANNIE

8. AGE (In yrs. last birthday)

5. SEX

2. DATE OF DEATH

7. DATE OF BIRTH (Mogth, Day, Year) 4/-27-09

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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-rouns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. nours after death. Page 6 may be retained by the hospital or attending physician.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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Pres. Woods 1801	Metzerott	Rd HOME	ADEL	PHI	EATH		PRIN	YG C	George's
10s. STATE 10s. COUNTY		10c. CITY, 1	OWN OR LOC	ATION			-		10d. INSIDE CITY
D.C.	N/A	W	ashin	gton				. 36	LIMITS? 1 XYES 2 NO
100. STREET AND NUMBER 4606 A	A St., S.E	•	1	01. ZIP CODE 20019			10g. CITIZ	U .	S.A.
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D		If yes, s	CENDENT OF HISPA specify Cuben, Mexic S \$\times \times NO Speci	an, Puerto Ric		r No-		E — American Indian, k, White, etc. //y: Lack
15. DECEDENT'S EDUC (Specify only highest grade) Elementary/Secondary (0-12) 6th		(Give kind of world life. Do NOT use n	DENT'S USUAL OCCUPATION kind of working leading most of working NOT use relied.) DMESTIC Cleaning						
17. FATHER'S NAME (First, Middle, Last)	am Gra	gory		18. MOTHER'S N		idle, Meiden Si (Unkn		1	
19e. INFORMANT'S NAME (Type/Print)	illi GIE		DRESS (Street	and Number or Rural					
Deloris Belle				s Pl.,S					20019
20s_METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	oval from State	other place) Smithfie				20c. LOCA			
21. SIGNATURE OF FUNERAL SERVICE LICE RAWY M.			H.S	AND ADDRESS OF FA .Washin 5 Burro	gton	& Soi	ns,i	inc.	
23. PART I. Enter the diseases, or c shock, or heert feliure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on a	d the death. Do not each line. Le Vicyo A CONSEQUENCY OF):	anter the m	oda of dying, su	ch an cardie	oc or respira	tory arr		Approximata interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	A CONSEQUENCE OF): A CONSEQUENCE OF):							
PART II. Other eignificant condition	a contributing to death	but not resulting in	the underlyi	ng cause given in		24a. WAS AN A PERFORM 1 YES 2	IED?	241	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 O	HOSPITAL:		THER:	PLACE OF OEATH (C					
27. MANNER OF DEATH	1 Inpatient 2 I ER/Out 28e, DATE OF INJURY	28b. TIME C	OF 28c. II	ome 5 A Residence		Specify) RIBE HOW IN.	JURY OCC	URED	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	Y V	VORK? YES 2 NO					
3 Suicide S Could not be	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, stre	et, factory, of	lice	28f. LOCAT City or	TION (Street en Town, State)	d Number	or Rural	Route Number,
COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE COLUMN TO THE CO	CIAN: To the best of my known.								e) and manner as stated.
296 HIGHATURE AND TITLE OF CENTURYS	10			29c. LICENSE NU	IMBER 7-80		29d. DAT	SIGNE	(Morith, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO					De-	C		ho 1	+ MD
Peter M. Schiss 31. DATE FILED (Month, Day, Year)	ler, M.D.	, /500 G1	reenwa	ay Cente	er Dr	., Gr	een	neT	C, MD
MAR1 2 1000	Maridan P	1.00							

3. TIME OF DEATH

8. BIRTHPLACE (State or

Baltimore County

10g. CITIZEN OF WHAT COUNTRY? USA

Specify

16h KIND OF BUSINESS/INDUSTRY

1407 Old Eastern Ave. Balto., Md. 21221

Taxi Cab

20c. LOCATION — City or Town, State

Baltimore, Md.

9c. COUNTY OF DEATH

Barto. Md.

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

1 YES 2 NO

White

Approximate

Interval Between **Onaet and Death**

OF CAUSE

7:55 A

Maryland

Elementary/Secondary (0-12)

17. FATHER'S NAME (First, Middle, Last)

19a. INFORMANT'S NAME (Type/Print)

20a. METHOD OF DISPOSITION

IMMEDIATE CAUSE (Final

disease pr condition

Sequentially list conditions,

if any, leading to immediate ceuse. Enter UNDERLYING

CAUSE (Disease or Injury

resulting in deeth) LAST

that initiated events

resulting in death)

Rita Bussman, Daughter

SMINATURE OF FUNERAL SERVICE LICE

METHOD OF DISPOSITION
Burlet 2 Gramation 3 Flamouval from State
Constitute 5 Cl Other (Specify)

Franklin Sq. Hospital

10b. COUNT

15. DECEDENT'S EDUCATION

(Specify only highest grade completed)

1604 Rickenbacker Rd. Apt.

Herbert Van Rossum

shock, or heart fallure. List only one cause on each line.

Baltimore

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 24 NO IF YES, GIVE WAR OR DATES

Cardiomyopathy
 DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

College (1-4 or 5+)

9b. CITY. TOWN OR LOCATION OF DEATH

21221

If yee, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES NO Specify:

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
412 Harrington Rd. Belair, Md. 21014

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-

18. MOTHER'S NAME (First, Middle, Maiden Surname)

Clara Rohleder

22. Bruzdzinski Funeral Home PA

Rossville

10c. CITY, TOWN OR LOCATION

16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.)

20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or

Loudon Park Cemetery

Driver

23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest,

Essex

BE

2

r.	Μ.	Marshall	90
31. DA	AR	1 o 100 (

resulting in deeth) LAST	d								
PART II. Other significant condition Chronic Obst Ischemic Hea	ructive Pulmonar				Part I.	24e, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C	heck only o	(ne)	1		
EXAMINER? 1 YES 2X NO	HOSPITAL: 1 X Inpetient 2 - ER/Outpetient 3	□ DOA	OTHE 4 No						
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF JURY M	26c. INJURY AT WORK? 1 YES 2 NO	26d. DI	SCRIBE HOW INJURY OCCU	AED		
3 Suicide 8 Could not be determined	28s. PLACE OF INJURY — At he building, etc. (Specify)						CCATION (Street and Number or Rural Route Number, ty or Town, State)		
(Oriota Oriny	ICIAN: To the best of my knowledge, de ER: On the basis of examination and/or								
296 SIGNATURE IND TUZES OF SEPTIFIE	armall	0	0	29c. LICENSE NU 107		29d. DATE	SIGNED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON WH				7.E.##.day					
r. M. Marshall 900	00 Franklin Squar	re Dr	٠.	Baltimore, M	aryl	and 21237			
MART TOOM	32. REGISTRAN'S SIGNATURE	2							
· · · · · · · · · · · · · · · · · · ·							DHMH-16 F		

Pages 1, 2, 3 should permit. use as the burial-transit for be detached once. F

medical and completely filled to burial, cremation, o the event,

9

signed by the attending physician and Health and Mental Hygiene prior to

DIRECTOR: After the hours after death v

FUNERAL within 72 h IMPORTANT: If

京末末 223

item

BE

2

traumatic CERTIFICATION other 6 Injury. MEDICAL been signed by pt. of Health and 3 shows any in PHYSICIAN: Dept. this certificate har with the State De srked, or item 2 marked, BY COMPLETED 28

and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o

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permit. Pages 1, 2, 3 should

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral processors after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remover after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remover after death with the State Dept. or litem 23 shows any injury, or other traumatic event, the medical cuminer must be notified at once.	by filled in by the tuneral chromospere 5 should be catached for use as the latter, or remosal. The medical examiner must be notified at once.
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 7. DATE OF BIRTH 5. SEX or Foreign IF UNDER 1 YEAR OF UNDER 24 HRS. 9c. CDUNTY DF DEATH DIRECTOR DECEDENT 10b, COUN 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 TYES 2 ND FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 101. ZIP CODE 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yee or No-if yes, specify Cuban, Mexican, Puerto Ricen, atc.) 14. RACE - American Indian, Black, White, atc. 2 Merrie IF YES, GIVE WAR DR DATES BΥ 1 TES 2 W ND Specify: 3 Widowed 4 Divorced ack COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) **BE** 190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (S) State, Zip Code; 2 20e. METHOD OF DISPOSITION

1 Burlel 2 Cremato 3 C

4 Donation 5 Other (Specify) LOCATION - City or Town, State 21. SIGNATURE OF RUNERAL SERVICE LICENSEE 22 NAME AND ADDRESS OF FACILITY ar 23. PART is the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, nock, or heert fallure. List only one ceuse on each line. Approximata Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition DELYDET TOOM

DUE TO (OR AS A CONSEQUENCE OF): reculting in deeth) MTI MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (DR AS A CONSEDUENCE OF); If any, leading to immediate dige STRE 87 ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificent conditione contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2-KND 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATN (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TYES 2 NO 4 Nursing Nome 5 Residence 6 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28d. DESCRIBE NOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 ND ВҰ 28e. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) TO THE PERIOR V DE FILED V BE 13190 30115 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2600 Liberty pengimo HOTS AVE BAIL! mo 21215

30 REGISTRAP'S SIGNATURE

v

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTM			MENTAL HYGIEN	E	
1. DECEDENT'S NAME (First, Middle, Lest) ROSA CLEVELA	ND WILLIAMS				2. DATE OF DEATH March 9, T	990 YE	3. TIME OF DEATH 11:30 a
217-20-2440	□ M 2 💢 F	yrs. lest birthday) F u	THS DAYS	# UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Cay, Year) //21/09		BIRTHPLACE (State or Foreign Country) V a
9a. FACILITY NAME (If not institution, give street Maryland General		9h.		LOCATION OF DE		9c. COUNTY	OF DEATH
10a. STATE 10b. COUNTY			WN OR LOCATION	ore City			10d. INSIDE CITY LIMITS? 1 V YES 2 NO
100. STREET AND NUMBER 1825 Walbrook Ave	enue			ZIP CODE 21217		10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 12 1 Never Married 2 Married 3 Widowed 4 M Divorced	. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X NO	If yes, spe-	NDENT OF HISPAN Hy Cuban, Maxica NO Specify	HC ORIGIN? (Specify Yearn, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12) C	ON 1 ippleted) college (1-4 or 5 +)	(Give kind of work of life. Do NOT use reti	done durina mas	t of working	18b. KIND OF BUS	SINESS/INDUST	RY
17. FATHER'S NAME (First, Middle, Leet) Robert Williams				Sallie			
Virginia Williams 20g, METHOD OF DISPOSITION	200.6		lbrook	Avenue	Baltimore	. Md	
1 M Burial 2 Cremation 3 Removal 4 Donetion 6 Other (Specify)	from State	other place)	rn Star 22. NAME ANI Marci	Cemete ADDRESS OF FA	ry Ca		
23. PABY I. Enter the diseases, or comshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	plications that ceused it only one cause on and	the death. Do not e				ratory arreat,	Approximate Interval Between Onset and Dasth One Month
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS A C	c Carcino	ma of 1	iterus			six months
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):					
PART II. Other algorificent conditions of	ontributing to death but	t not resulting in th	ne underlying	cause given in	Part I. 24a, WAS AN PERFO!	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	OSPITAL: [Xinpatient 2 - ER/Outpat		THER:	CE OF DEATH (Ch	VI_ ===		
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU WOI	RY AT	8 Other (Specify) 28d. DESCRIBE HOW	NJURY OCCUR	ED
2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specify	– At home, ferm, street y)	t, factory, office		261. LOCATION (Street City or Town, State)		Rural Route Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL EXAMINER: C	_						ause(s) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	Mr.			29c. LICENSE NUI	MBER		igned (Month, Day, Weer) fh'97, 1999
30. NAME AND ADDRESS OF PERSON WHO C Chris Wong, M.D		rh (ITEM 27) (Type, Prin /o Maryla)		ral HOs	pital		
31. DATE FILEMAR 1 3 1990	32. SEGISTRAR'S SIGNAL	-Ander					

3. TIME OF DEATH

3:20

8. BIRTHPLACE (State or Foreign Country)

Minn.

А.м

DAY

01

7. DATE OF BIRTH (Month, Day, Year)

90

9c. COUNTY OF DEATH

4. SOCIAL SECURITY NUMBER

468-07-1380

Α.

5. SEX

1 M 2 - F

Asher

9a. FACILITY NAME (If not institution, give street and number)

White

6. AGE (In yrs. lest birthday)

88 YRS.

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

DAYS

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TOR	830 W.	40th	St.			Balt	imore					
DIRECTOR	10a. STATE	10b. COUNTY	,	1	Baltimore							d. INSIDE CITY LIMITS? YES 2 \(\) NO
FUNERAL	100. STREET AND NUMBER	W. 41	lth Street				101. ZIP CODE 21211	ì			USA	T COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 X 3 Wildowed 4 Divor	IN U.S. ARMEI 2 NO DATES	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year INO 14 yea, specify Cuban, Maxican, Puerto Rican, atc.) 1 YES 2 NO Specify:					a or No- 14. RACE — American Indian, Black, White, etc. Specify: United				
ETED	15. DECI (Specify only								INESS/INDU	STRY		
	Elementary/Secondary (0-	College (1-4 or 5+)			cian			Med	ical			
COMPL	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)											
BE	Solon Marx White Sarah 198. INFORMANT'S NAME (Type/Print) 198. MAILING ADDRESS (Street and Number or Burel Route										Code)	
2	Catherine	8	30 W	. 40	th St.,	Bal	lto.,M	d.	2121	1		
	20a. METHOD OF DISPOSITION 20b. F				DISPOSITION	Name of	cometery, cremetory or Cremator	ſУ		ation — c	ity or Town,	Stata
	21. SIGNATURE OF FUNERAL			•		22. NAME	AND ADDRESS OF FA	CILITY	4905	Yor	k Rd	•
	*Willes	en R	Davis II	Z		Henr	y W. Jer	nkir	ns & S	ons,	Balt	o.,Md.
	shock, or heart fallure. List only one cause on each line.										Approximata interval Between Onset and Death Z days	
CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.											4000
AN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO											AILABLE PRIOR TO OMPLETION OF CAUSE DEATH?
SICIA	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			THER:	PLACE OF DEATH (Ch					
Y PHYS	V-	Pending	28a. DATE OF INJURY (Month, Day, Year)	2	BB. TIME O	F 28c.	INJURY AT WORK?		her (Specify) E\$CRIBE HOW II	NJURY OCC	UREO	
ETED BY	3 Suicide 8	Investigation Could not be detarmined	28e. PLACE OF INJUF building, etc. (Sp		home, farm, street, factory, office 28f. LO				LOCATION (Street and Number or Rural Route Number, City or Town, State)			e Number,
COMPLE	one)		ICIAN: To the best of my kno									nd manner as stated.
TO BE	296. SIGNATURE AND TITLE	- Da	12		29c. LICENSE NUMBER F 630 V				/	29d. DATE ▶ 3		onth, Day, Year)
			itz M.D. 5	00 W.	Uni		sity Pkw	у.,	Balto	.,Md		
	31. DAMAR 103. 199	90	22. REPORTRAR'S SIG	Conde	b 1							
- 1												DHMH-18 Rev 1/8

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be manimed at the football of the control of attending physicians.	ne rosport or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	outd by detached for lise as the burial-trans
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.)
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	once.

BALTIMORE, MARYL AND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

									9	0	06336			
	FOR 1 - STATE REGISTRAR	STATE OF MARY				EALTH AND I	MENTA	L HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	JOHN H.	WIGHT				2. DATE MONT		YE Q []		:25 P m			
	4. SOCIAL SECURITY NUMBER 215-10-6728	MONTHS	INDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH THS DAYS HOURS MIN. (Month, Day, Year)						8. BIRTHPLACE (State or Foreign Country)					
NC N	98. FACILITY NAME (If not institution, give street and number) MANOR CARE 96. CITY, TOWN OR LOCATION OF DEATH									RUXTON BALTTMORE				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD.	BALTIMORE			OR LOCATI	ORE CI	гу				I. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER					ZIP CODE			10g. CITIZEN	OF WHA				
FUNERAL	11, MARITAL STATUS	EAST MELR		-		ENDENT OF HISPAI		N? (Specify Year)		S.A RACE – Black, W	American Indian			
B⊀	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR I	DATES		1 TYES	NO Specifi	y:			Specify:	WHITE			
PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elamentary/Secondary (0-12)	College (1-4 or 5+)	18a, DECEDENT (Give kind o life. Do NOT	f work done use retired.)	during mos	of working XECUTI		. KIND OF BUSI	ESS/INDUST		KING)			
COMPLET	17. FATHER'S NAME (First, Middle, Lest)	NK L. WIG	нт			16. MOTHER'S NA			lumame)					
TO BE	, 190, INFORMANT'S NAME (Type/Print) LOUISE R. WIGH	ıT	19b. MAILIN	G AODRES	S (Street an	nd Number or Rural ELROSE	Route Num	iber, City or Town, BAL	State, Zip Coo	ε, M	D. 21212			
	20a. METHOO OF DISPOSITION 1 Surial 20 Removal from State 20b. PLACE OF DISPOSITION (Name of cametery, cramatory or other place) 20c. LOCATION — City or Town, State other place)													
	4 Donation 5 Other (Specify)	ENSEE	n.or II	22	NAME AN	D ADDRESS OF FA	CILITY	49	05 YC	RK	ROAD			
	P. H. But					JENKIN:				_				
!	23. PART I. Enter the diseases, pr c shock, or heart fellure. I IMMEDIATE CAUSE (Final disease pr condition resulting in deeth)	List only one cause on	aech iina,	PA		, .	ch ae car	diac of reapir	atory arrest	,	Approximate interval Between Onset and Death			
TION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS	A CONSEQUENCE	OF):							 			
RTIFICATION	cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE	OF):										
R		d						Y						
MEDICAL	DARKE II DAN									AILABLE PRIOR TO IMPLETION OF CAUSE				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF OEATH (C)	heck only o	(100)						
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL:	tpatient 3 DOA	OTHE 40 No	R:	e 5 🗆 Residence								
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	7 28b. T	IME OF NJURY M		URY AT RK? 'ES 2 NO	28d. OE	SCRIBE HOW IN	JURY OCCUR	ED				
	3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJUF building, atc. (Sp	RY — At home, farm ecify)	ı, streat, fe	ctory, office		28f. LOI City	CATION (Street as or Town, State)	nd Number or i	Rural Rout	n Number,			
COMPLETED	const. oray	CIAN: To the best of my kno								suse(a) ar	nd manner as stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIER	n.n. ci				29c. LICENSE NU			29d. DATE SI		onth, Day, Year)			
임	30. NAME AND ADDRESS OF PERSON WHO		FATH (ITEM 27) (%	ne Print)					, ,	-(/	-			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

32. REGISTRAR'S SIGNATURE

3501

ST. PAUL ST., BALTO., MD.

HILLS

DIXON

31. DATE FILED (Month, Day, Year) MAR 1 3 1990

	FOR	STATE OF I	WARYLAND /						MENTA	L HYGIENI	E			
	1 - STATE REGISTRAR		CE	ERTIF	ICATE	OF	DEA.	TH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)								MONT	OF DEATH	γ γε	AR	TIME OF DEATH	
	Charlo	tte	A	•		Wo]	lf		3.	- 7 - 90			6:05PM	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 1	YEAR_DAYS	IF UNDER	MIN.		OF BIRTN h, Day, Year)		BIRTHPLA Country)	CE (State or Foreign	7
	9a. FACILITY NAME (If not institution, give a		7		OCI- 17, 11 D 11 IAIN KAIND									
R G	St. Joseph Hosp				Baltimore County School Co.)		
5	RESIDENCE OF DECEDENT			I			201					Lan	I. INSIDE CITY	
DIRECTOR	10a. STATE 10b. COUNT	Timas	5	B	TY, TOWN OR	LOCATI							LIMITS?	
FUNERAL	10e. STREET AND NUMBER				1 00,1 1	_	ZIP COD	E			10g. CITIZEN			
ᇤ	2131 ST- LUK	ES LA	35				212	101			U	.2.6	7.	
5	11. MARITAL STATUS	12. WAS DECEDED	NT EVER IN U.S. AR	MED						Y? (Specify Yes Rican, etc.)	or No- 14.	RACE -	American Indian,	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced		WAR OR DATES				2 50 NO			110011, 0101,		Specify:	,	
		1										MY	11/5	
딢	15. DECEDENT'S EDU (Specify only highest grade		/G	ihm kind of	work done du	UPATIO	N It of work	ing	16b	. KIND OF BUS	HNESS/INDUS	TRY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	+) #fe	. Do NOT u	ise retired.)									
N N	17, FATHER'S NAME (First, Middle, Last)						16. MOT	NER'S NA	ME (First,	Middle, Malden	Sumame)			
BE C	MICHALL J	T W	OLF				ST	SP	HAC	ris F	7. Tor	7AS	25 wsk	A
일	19a. INFORMANT'S NAME (Type/Print)	00-	19	b. MAILIN	G ADDRESS (Street a	nd Numbe	or or Rural i	Floute Num	ber, City or Town	n, Stata, Zip Co	de)		
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	20s. METHOD OF DISPOSITION 1 M. Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	20b. PLACE		H S Q G		o F		201	20c. LO	CATION — CITY	or Town,	State	
	21, SIGNATURE OF FUNERAL SERVICE LI	CENSEE	13110	NU	22 N	ASSE AN	D ADDRI	EGG DE EA	VCILITY	- 0	100	111	0.	
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	Trails AC	Money			88	300	5 HF	1RF	ORC	KOA	7 - Ho	irku	241	
	23. PART I. Enter the diseases, or shock, or heart feilure.				not enter ti	he mo	de of dy	/Ing, suc	h as car	diec or respi	ratory arrest	t,	Approximate Interval Betw	
1	IMMEDIATE CAUSE (Finel										- 1		Onset and De	eath
	disease or condition resulting in death)	el	tensive			lero	otic	car	dlov	ascula:	r dise	ase	!	
z		h	(011707		. ,.									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	O (OR AS A CONSE	QUENCE (OF):									
	cause. Enter UNDERLYING CAUSE (Disease or Injury	c. DUE TO	O (OR AS A CONSE	OUENCE (OFI:								-	- 7.1
릁	that initiated events resulting in death) LAST	4	,											
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AL	PART II. Other significant condition Schizophrenia	ns contributing t	o death but not	resulting	In the und	lerlying	cause	given in	Part I.	24a. WAS AN PERFOR		AM	RE AUTOPSY FINDI AILABLE PRIOR TO	
MEDICA	- Schilzophilenia								:	XXX YES 2	□ NO		MPLETION DF CAUS DEATH?	5E
뿔												XX	X YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	(Pressure of the second		OTHER:			DEATH (C)						
1×S	YES 2 □ NO 27. MANNER OF DEATH	28e. DATE C	E IN HIDY	28b. TI		ng Hom 28c. INJ		Residence		er (Specify) SCRIBE NOW	INJURY OCCU	REO		
Y PHY	∑∑Systural 5 ☐ Pending	(Month,	Day, Year)	1000	JURY M	WO	RK? YES 2	□ NO	200.00	. COMBETTON				
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE	OF INJURY — At h	ome, farm	, street, facto	ry, offic	•		28f. LO	CATION (Street	end Number or	Rural Rout	e Number,	
ULL 4 Homicide determined building, etc. (Specify) City or Town, State) City or Town, State)														
NO.	(Check only												nd manner as state	ed.
Ü W	216 SIGNAPSIRE AND THLE OF CERTIFIC	EPS					29c. Li	CENSE NU	MBER		29d. DATE S	SIGNED (M	onth, Day, Year)	
00	1 Mr						0	CME			▶ 3	-8-9	0	
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CA	USE OF DEATH (ITI	ЕМ 27) (Тут	oe, Print)									
1	JAMES KAPLAN, MD	1		111	Penn	Sti	reet	Bal	timo	re.MD	21201		V	C
	MAR 13 1990	32. REGISTI	SON- HONDE	92										
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BALTIMORE MANYLAND 21203-3146

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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30, NAME AND ADDRESS OF

FRANK PERETTI

31. DATE FILED (Month, Day, Year) MAR 1 2 1990

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4-25F-90 cm STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3-6-90 DEATH WASZILYCSAK 8:26AM CATHERINE 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 10-12-1971 DAYS HOURS 214-11-1291 1 M 2 X F New Jersev 9b. CITY, TOWN OR LOCATION OF DEATH 9a. FACILITY NAME (If not institution, give street and number, 9c. COUNTY OF DEATH Good Samaritan Hospital DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10h COUNTY 10e STATE Baltimore, Maryland Md. 1X YES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 21234 U.S.A. Woodring Ave. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 11 MARITAL STATUS 14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Marrie specify: White 1 YES 27 10 Specify BY 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18h KIND OF BUSINESS/INDUSTRY (Specify only hig 12th College (1-4 or 5+) Student School 17. FATHER'S NAME (First, Middle, Last) 18 MOTHER'S NAME (First Middle Maiden Sumame) Suzanne H. Weinberger George L. Waszilycsak 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Suzanne H.Waszilycsak 3125 Woodring Ave.-Balto., Md. 21234 20c. LOCATION — City or Town, State . METHOD OF DISPOSITION
Burlel 2 Cremetion 3 R 20b. PLACE OF DISPOSITION (No. Parkwood Cemetery Balto., Md. 4 | Donation 5 | Other (Specify) 22. NAME AND ADDRESS OF FACILITY 7527 Harford Rd. Balto., Md. 21234 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Hartley Miller Funeral Home 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate Intarval Batween shock, or haart failure. List only one cause on each lina Onset and Death IMMEDIATE CAUSE (Fine) disease or condition CARDIAC ARRHYTHMIA resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not recuiting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL COMPLETION OF CAUSE XDIXES 2 | NO OF DEATH? XXXX YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 XXXII/Outpatient 3 | DOA OTHER: XXXXX 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27, MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending Investiga 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. In my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 3-7-90

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MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE STATE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last) MARTINA SCOTH WHITING		2. DATE OF DEATH MONTH 3	1/90	S. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 217-07-2526 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEA MONTHS DAY		7. DATE OF BIFFTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)				
OR	So. FACILITY NAME (If not institution, give street and number) So. COUNTY OF DEATH So. COUNTY OF DEATH Ballimore So. COUNTY OF DEATH								
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION								
FUNERAL (10a. STREET AND NUMBER LEGING ton St.	101. ZIP CODE	3	10g. CITIZEN	1 M YES 2 NO				
BY	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes	DECENDENT OF HISPAI , specify Cuban, Maxica YES 2 NO Specifi		or No 14.	RACE — American Indian, Black, White, atc.				
COMPLETED	15. DECEDENT'S EDUCATION (Specify anly highest grade completed) Elementary/Secondary (0-12) College (1-4 or 8+) College (1-4 or 8+)	most of working	16b. KIND OF BUS	iness/industrial	THY				
BE COM	17. FATHER'S NAME (First, Middle, Last) Brown 18. MOTHER'S NAME (First, Middle, Meigen Surname) MOLLY WILMORE								
TO	Mary Fields Norman 506 Norman	nandy l	Proute Number, City or Town	State Zip Co	nd-21229				
	20s. METHOD off DISPOSITION 1 Maurial 2 Cremation 3 Removal from State 20s. PLACE OF DISPOSITION (Name of cometany, compliany or control place) 20s. PLACE OF DISPOSITION (Name of cometany, compliany or control place) 20s. PLACE OF DISPOSITION (Name of cometany, compliany or control place) 20s. PLACE OF DISPOSITION (Name of cometany, compliany or control place) 20s. PLACE OF DISPOSITION (Name of cometany, compliany or control place) 20s. PLACE OF DISPOSITION (Name of cometany, compliany or control place) 20s. PLACE OF DISPOSITION (Name of cometany, compliany or control place) 20s. PLACE OF DISPOSITION (Name of cometany, compliany or control place) 20s. PLACE OF DISPOSITION (Name of cometany, compliany or control place) 20s. PLACE OF DISPOSITION (Name of cometany, compliany or control place) 20s. PLACE OF DISPOSITION (Name of cometany, compliany or control place) 20s. PLACE OF DISPOSITION (Name of cometany, compliany or control place) 20s. PLACE OF DISPOSITION (Name of cometany, compliany or control place) 20s. PLACE OF DISPOSITION (Name of cometany, compliany or control place) 20s. PLACE OF DISPOSITION (Name of cometany, compliany or control place) 20s. PLACE OF DISPOSITION (Name of cometany, compliany or control place) 20s. PLACE OF DISPOSITION (Name of cometany, compliany or control place) 20s. PLACE OF DISPOSITION (Name of cometany, compliany or control place) 20s. PLACE OF DISPOSITION (Name of cometany, compliany or control place) 20s. PLACE OF DISPOSITION (Name of cometany, compliany or control place) 20s. PLACE OF DISPOSITION (Name of cometany, compliany or control place) 20s. PLACE OF DISPOSITION (Name of cometany, compliany or control place) 20s. PLACE OF DISPOSITION (Name of cometany, compliany or control place) 20s. PLACE OF DISPOSITION (Name of cometany, compliany or control place) 20s. PLACE OF DISPOSITION (Name of cometany, compliany or control place) 20s. PLACE OF DISPOSITION (Name of cometany, compliany or control place) 20s. PLACE OF DISPOSITION (Name of cometany, comp								
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	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fine)								
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) MALIGNANT LYMPHOMA DUE TO (OR AS A CONSEQUENCE OF): PNEUMONIA + SEPTICEMIA								
ATION	Sequentially list conditions, if any, leading to immediate Due to (OR AS A CONSEQUENCE OF):								
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SICAL C	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AMAL COMP.								
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	3 Suicide 8 Could not be 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end menner as stated.								
BE	A.C. Chouvality M.D.	UMBER 29d. DATE SIGNED (Mgnth, Day, Year) 3 9 9 9 0							
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) A. C. CHOUVALIT, M.D. HOMEWOOD HOSP. CENTER								
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral	be filed within 72 hours after death with the State Debt, of health and werke from to burie, to deliver. IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examines

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21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Derrick C. Jones							
4611 Park Heights Avenue							
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,	pproximata itarval Between						
ahock, or heart fellure. List only one cause on each line.							
disease or condition Posicionary Follows							
disease or condition resulting in death) s. Respiratory failure Due TO (OR ÀS A CONSEQUENCE OF):	1 1 2						
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Cours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be c	be filed within 72 hours after death with the State Dept. of Health and Merital Hyglene prior to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at or
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FRANK PRERTTI
31. DATE FILED (MONTH, Dey, Year)
MAR 1 3 1990

	FOR 1 STATE	STATE OF N	MARYLAND /	DEPAR	TMENT (OF HEALTH	AND I	MENTAL HYG	IENE		00041	
_	REGISTRAR		CE	RTIF	ICATE	OF DEAT	ГН	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DAY YEAR			3. TIME OF DEATH			
	TIMOTH	TIMOTHY W			WEATH	ERS		3-6-9		TEAR	7:46AM M	
	4. SOCIAL SECURITY NUMBER	5. SEX	MONTHE DAVE MON		YEAR IF UNDER	24 HRS.	7. DATE OF BIRTI	4	6, BIRT	HPLACE (State or Foreign		
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M	9e. FACILITY NAME (If not institution, give st		20		95 CITY T	DWN OR LOCATI	ON OF DE			INTY OF		
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[]	10e. STATE 10b. COUNTY			10c CIT	Y, TOWN OR	LOCATION					10d, INSIDE CITY	
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草	318 NORTH CA	REY ST	REET			212	23		U	SA		
چ ا	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X X YEO						HC ORIGIN? (Specif n, Puerto Rican, etc		14, RAC	E — American Indian, ck, White, etc.		
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W				YES 2 XNO			~)	Spe		
	3 Widowed 4 Divorced	3 Wildows 4 Divorces								<u> </u>	BLACK	
	16. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working					16b. KIND O	Bb. KIND OF BUSINESS/INDUSTRY					
1 4	Elementary/Secondary (0-12)	College (1-4 or 5	Ma	Do NOT us	e retired.)			1				
, <u>=</u>		LABORER										
COMPL	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)											
BE	MOSES WEATHERS ORA JOHNSON 190. INFORMANT'S NAME (Typer/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
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9	MOSE WEATHERS 318 NORTH CAREY STREET (21223) 30c, METHOD OF DISPOSITION 20b, PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c, LOCATION — City or Town, State											
	30a, METHOD OF DISPOSITION ↑ Burlal 2 Cremation 3 Remo	rval from State	other pla	ice)								
	4 Donetton 5 Other (Specify) MOUNT ZION CEMETERY BALTIMORE, MARYLAND											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	E Time of the	BROWN/THOMPSON FUNERAL HOME										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiec or respiratory arreat, Approximate											
	shock, or heart failure.	List only one cau	se on each line		iot oiner n	ie illoue of dy	my, auc	in all cardiec or	reopiratory a	ireat,	Interval Between	
2	IMMEDIATE CAUSE (Final	IMMEDIATE CAUSE (Final disease or condition) Clinishot Wounds of abdomon and loft thich trith compliant and										
3	disease or condition ————————————————————————————————————											
200		DUE TO (OR AS A CONSEQUENCE OF):										
Z	Sequentielly list conditions,	x										
CERTIFICATION	If any, leading to immediate	DUE TO	(OR AS A CONSEC	NUENCE O	F):							
3 8	cause. Enter UNDERLYING CAUSE (Disease or Injury	<u> </u>										
	that initiated events	DUE TO	(OR AS A CONSEC	DUENCE O	F):							
	resulting in death) LAST											
5 5												
4	PART II. Other significant condition	s contributing to	death but not n	esulting	in the und	erlying cause	given in		AS AN AUTOPS!	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
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PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL					26. PLACE OF E	DEATH (Ch	eck only one)		_		
티크	EXAMINER?	HOSPITAL:			OTHER:							
5 2	XXXES 2 □ NO 27. MANNER OF DEATH		ER/Outpatient 3	_			eeldence	6 Other (Specify				
	1 Natural 5 Pending	28a. DATE OF (Month, D	Day, Year)	28b. TIN	IURY	8c. INJURY AT WORK?		28d. DESCRIBE		CCUMED		
BY PI	2 Accident Investigation	nt investigation 2-24-30 0:43 PM 1 TES 2 KD004				SUBJECT SHOT						
	3 Suicide 6 Could not be	28e. PLACE C building,	OF INJURY — At ho stc. (Specify)			y, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
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F	JE NAME AND ADDRESS OF PERSON WH	D COMPLETED CALL	SE OF DEATH //TE	M O'D (Tone	Outside							

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

retained by the should be notified page 5 s after death. Page 6 may be pe must director, examiner funeral the f removal. medicai filled in by 8 completely filled rial, cremation, o other traumatic event, the to burial, physician and Hygiene prior attending 0 in signed by the attend if Health and Mental H injury, any Shows t of h has be Dept. S ltem. the State 0 with 1 marked, After t THE HOSPITAL OR ATTENDING THE FUNERAL DIRECTOR: After filed within 72 hours after death 28 Hem = TO THE HOSPITA
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IMPORTANT: II

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BALTIMORE, MARYLAND 21203-3146

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item 11; film g-697; 3-24-93; dr FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last 2:30AM LUCILLE WILLIAMS 3-7-90 A SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign DAYS HOURS MIN. 1 M 2 X F 02 - 25 - 39TEXAS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 26 N. Bentalow Street N/A Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION MARYLAND N/A BALTIMORE XX YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 26 NORTH BENTALOU STREET 21223 USA 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2 If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES A NO Specify: T 2 Never Warried 2 Married BY 3 Widowed 4 Divorced BLACK COMPLETED 16b, KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Ħ ISSAC WATSON EMILY STEWART 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 NORTH BENTALOU STREET (21223)NATHANIEL WILLIAMS 20a. METHOD OF DISPOSITION
X X Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State BALTIMORE, WESTERN STAR CEMETERY MARYLAND 21. SIGNATURE OF FUNDOU SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY mos BROWN/THOMPSON F.H. P.O. BOX 4433 23. PART i. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiec or respiratory errest, Approximate interval Between shock, or heart failure. List only one cause on each line. Onset end Death **IMMEDIATE CAUSE (Final** diseese or condition_ Hypertensive cardiovascular disease resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Diabetes Mellitus, Obesity 1 TYES YOUNG 1 TES THE INSPECTION PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER: ent 2 ER/Outpetlent 3 DOA ng Home 5 Hysidence 6 - Other (Specify) 28a. DATE OF INJURY 27. MANNER OF DEATH 265 TIME OF 28c. INJURY AT 284, DESCRIBE HOW INJURY OCCURED XXXXNatural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ED 8 Could not be 4 Homicide Щ 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. COMPL MEDICAL EXAMINER: On the tion and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SHOPENTONE AND THRE-OF PERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) BE

OCME

111 Penn Street, Baltimore, MD 21201

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Devidson-Randelle

FRANK PERETTI, MD

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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3-7-90

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ALPHONSO B. YANCY 3 9 19 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 Hrs. 7. DATE OF BIRTH	3. TIME OF OEATH
	90 12:50 P M
12-22-29 1	BIRTHPLACE (State or Foreign Country) WEST VA.
	TY OF DEATH
Mercy Hospital Baltimore Basipence of December 1	
Mercy Hospital RESIDENCE OF DECEDENT 100. STATE 101. COUNTY 102. CITY, TOWN OR LOCATION BALTIMORE CITY	10d. INSIDE CITY LIMITS?
104 STREET AND NIMBER	ZEN OF WHAT COUNTRY?
LE 1218 PEACH LEAF COURT 21202 US	SA.
1218 PEACH LEAF COURT 11. MARITAL STATUS 1 Never Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 12. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2020 NO Specify:	14. RACE — American Indian, Black, White, atc. Specify: BLACK
15. DECEDENT'S EQUICATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	USTRY
Flamentary/Secondary (0-12) College (1-4 or 5 +) Iffe. Do NOT use retired.)	
NA SUN LIFE LIFE INS CO. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)	
MAJOR NEMORE HAZEL	JONES
196. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip	
MOLLIE YANCY 1218 PEACH LEAF COURT/BALTIMO 20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of completely, crematory or 20c. LOCATION — 0	
1 @ Buriel 2 Cremetion 3 Removal from State other place)	S MILLS, MD
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	HIBBO, ND
► Glades Wared WM.C. MARCH F.H. 1101 E.	NORTH AVE.
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory smooth shock, or heart failure. List pnly one cause on each line.	est, Approximata Interval Between
IMMEDIATE CAUSE (Final disease Dr condition Arteriosclerotic cardiovascular disease	Onset and Dasth
resulting in death) After LOSCIETOTIC Cardiovascular disease DUE TO (OR AS A CONSEQUENCE OF):	
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.	
CAUSE (Disease or injury that initiated events Due TO (OR AS A CONSEQUENCE OF):	
resulting In death) LAST	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS
1 □ YES 2 ⊠ NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1 YES 2 NO	1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:	
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27. MANNER OF DEATH 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 1NJURY AT WORK? (Month, Day, Year) 28d. DEŞCRIBE HOW INJURY OCC	
2 Accident Investigation 3 Suicide a Could not be determined determined 4 Homicide City or Town, Stere) M 1 YES 2 NO 288. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 289. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Stere)	or Rural Route Number,
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mount	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the me
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		4. SOCIAL SECURITY NUMB	BER	5. SEX	6. AGE (In yrs. 62							OF BIRTH	8.	BIRTHPL	ACE (State or Foreign
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		23. PART I. Enter the dehock, or he immediate Cause (Find disease or condition resulting in death)	neart failure.	a. Cont		nshot	wour				ch as car	diac or respi	retory arres	st,	Approximate interval Between Onset and Death
CEDTIEICATION		Sequentielly liet condit If any, leading to imme		b. DUE TO	OR AS A CON	ISEOUENCE (OF):								
1 5	5	cause. Enter UNDERLY CAUSE (Disease or Inju	ING	c											
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1	2	EXAMINER?		HOSPITAL:	EB/Outpation	4 3 T DOA	OTHE	R:				er (Specify)			
] }		27. MANNER OF OEATN		28a. DATE O		28b. TI		-	JURY AT	1881081709	_	SCRIBE NOW I	NJURY OCCU	IRED	
		1 Natural 5	Pending		0ay, Year) 1-90) () D M		YES 2	X NO	S	ubject	shot	self	
2		2 Accident 3 Suicide	Investigation	28e. PLACE	OF INJURY — A			ctory, of			28f. LO	CATION (Street			
	3	4 Nomicide	Could not be determined	building	, etc. (Specify)		ho	me				or Town, State)	77 T	70	Balto, Md.
		29a, CERTIFIER													balto, Ma.
TO MIDI ET		Country made		ICIAN: To the best of	-				1						nd manner as stated.
1	1	206 BIGNATURE AND TITLE	E OF CERTIFIE	1 10	1) 1	. 1		29c. LIC	CENSE NU	мвел		29d, DATE	BIGNED (N	forsth, Day, Year)
EII II	4	30. NAME AND ADDRESS O	At BERGOW M	D COMPLETED CO	SE OF PENT	Tem and Co	21	_		OCM	E		3-	12-9	0
1		Mario F.	. Goll	e. Jr., N	1.D.	11	Sowan	nn S	tree	t		Baltim	ore. M	ID 21	201
		MAR 1 3 1990	Stal	la Devidson	AR'S SIGNATUR -Pandelle										9

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12.19.13

AND 21203-3146

BALTIMORE

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16,	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	IL DIRECTOR: After this certificate has been signed by the attending physician and completely fil	2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	tion 28 is marked or item 23 shows any injury or other traumatic event, the
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	execute	and co	o burial	natic
ŏ	ite be	ysiclan	prior 1	Train.
. B	ertifica	ing ph	giene	other
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O	NG PH	fter thi	eath w	marke
SIO	TENDI	DR: A	ifter de	98 le
$\frac{2}{5}$	OR AT	DIRECT	OUIS 3	C mai
	7	-	2 1	-

1. DECEDENT'S NAME (First, Middle, Last)			<u></u>	711 to 01	DEATH		REG. NO.		3. TIME OF DEATH		
Jame	es.	E.		Bowl	9V	MON		YEA			
4. SOCIAL SECURITY NUMBER			s. lest birthdey)	UNDER 1 YEAR	IF UNDER 24 HR	s. 7. DAT	E OF BIRTH	6. P			
235-56-3581	1 🔀 M 2 🗆 F	56	YRS.	ONTHS DAYS	HOURS MIN	API	TL 14 1	933	Beryl West VA.		
9a. FACILITY NAME (If not institution, give	street and number)		96	b. CITY, TOWN	OR LOCATION OF	9c. COUNTY C					
921 N. Kresson					ltimore	City	7				
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT									10d. INSIDE CITY		
1470				BALTIM					LIMITS?		
10e. STREET AND NUMBER					M. ZIP CODE			10g. CITIZEN (OF WHAT COUNTRY?		
921 N. KRESS	ON ST.				2	1205		U	I.S.A.		
11. MARITAL STATUS	12 WAS DECEDENT	EVER IN U.S	ARMED				IN? (Specify Yes	or No- 14. F	AACE — American Indian, Black, White, atc.		
1 Never Married 2 Narried 3 Widowed 4 Divorced	FORCES? 1	AR OR DATES	Xwo		pecify Cuben, Me S 2 NO Sp		o Hican, etc.)		Specify:		
									WHITE		
15. DECEDENT'S EDI (Specify only highest grad	e completed)		(Give kind of work title. Do NOT use n	R done during m	ION lost of working	1	66. KIND OF BUSI	NESS/INDUSTF	TY.		
Elementary/Secondary (0-12)	College (1-4 or 5+))		RIOUS			VARI	OUS			
N/A 17. FATHER'S NAME (First, Hetze	N/A		V111	LICOD	18. F * 405. 7						
DORY HATZE					\(\epsilon \)	VERD/	ca Bessi BETSi	YACKLI	i i i		
19a. INFORMANT'S N/			19b. MAILING AD	ODRESS (Street	and Number or Ru	ral Route Nu	mber, City or Town,	State, Zip Code	9)		
WLLMA K. BOWLEY	(WIFE)		921	N. KF	RESSON S	ST., I	BALTIMOR	E, MD.	21205		
20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Ren	noval from Ct-to	20b. PL	ACE OF DISPOSITI	ION (Name of co	emetery, crematory	or		ATION — City of			
4 Donation 5 Other (Specify)		Ï	BALTIMOR	RE CEMI	ERY		BALT	'IMORE,	MD.		
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE A		Λ		AND ADDRESS OF		ERAL HOM	E INC			
Eurone	1 Lai	Ene	511						1. 21213		
shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c		NSEQUENCE OF):			DISEA					
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	(OR AS A CO	NSEQUENCE OF):	the underlyle			24a. WAS AN A PERFORA	AED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CO	NSEQUENCE OF):	the underlyl			24a. WAS AN A	AED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CO	NSEQUENCE OF):	the underlyi			24a. WAS AN A PERFORA	MED?	COMPLETION OF CAUSE		
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If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XXXXX 2 NO 27. MANNER OF DEATH XXXXX 15 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) XXXXX 1 CERTIFYING PHY (Check only one)	DUE TO d	death but r death but r death but r death but r death but r death but r death but r death but r	nsequence of): not resulting in nt 3 □ DOA 4 28b. Time 6 inJuf At home, farm, structured addor investigation,	26. IP THER: Nursing Ho DF 28c. IP Y M 1 Deet, factory, off at the time, da In my opinion,	PLACE OF DEATH THE WIN Weelder UNITY AT TYES 2 NO tice te and place, and death occurred at	(Check only noce 6 Of 28d. E	24a. WAS AN A PERFORM † YES X INSPEC one) ther (Specify) DESCRIBE HOW IN DESCRIBE HOW IN DESCRIBE HOW IN CAUSE (Street as It is not to be in the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the interval of the inter	TION JURY OCCURE Ind Number or R There as stated.	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES NO NO NO NO NO NO NO NO NO NO NO NO NO		

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	FOR STATE REGISTRAR		STATE OF I	MARYLAND /	DEPAR ERTIF	RTMENT	OF H	EALTH DEAT	AND I	MENTA	L HYGIEN REG. NO.					
	1. DECEDENT'S NAME /Elmit,	Middle, Last)								2. DATE	OF DEATH	AY.	YEAR	3. TIA	AE OF DEATH	7
ĺ	IDA E.	BONHAG	1								3 - 6	,	90	1	100 1 N	4
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. les		IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	(Mont	OF BIRTH		6. BIRT		(State or Foreign	
	212-09-7385		1 🗆 M 2 🔁 F	84	YRS.		DATE	noono		MAY	29, 1	905	M	IARY	LAND	
									INTY OF E	DEATH						
OR	FRANCIS SCOTT KEY BALTIMORE															
DIRECTOR	RESIDENCE OF DEC	10b, COUNTY	1		10c, C/1	Y, TOWN (OR LOCAT	ION						10d, I	NSIDE CITY	_
Ë	MD.						LTIM							1	JMITS? YES 2 NO	
	10e. STREET AND NUMBER				1		101	. ZIP CODE				10g. CIT	IZEN OF		OUNTRY?	_
FUNERAL	3236 KE1	JYON A	VE.					213	213			11	. s.	Λ		
N N	11. MARITAL STATUS	12011 11	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13.	WAS DEC			IIC ORIGII	N? (Specify Yes		14. RAC	E — An	nericen Indian,	-
ВУ	1 Never Merried 2		FORCES?	MAR OR DATES	NO			ecify Cuber 2 ∭ NO			Ricen, etc.)			ek, White	HITE	
9		EDENT'S EDU				USUAL O		ON st of workin	a	188	. KIND OF BU	SINESS/IN	DUSTRY			
	Elementary/Secondary (0		College (1-4 or 5	Aldra .	. Do NOT u	se retired.)			y		OF DE TI	OME				
COMPLETED	NA		NA		Н	OMEM	AKEK				OWN H					
8	17. FATHER'S NAME (First, M										Middle, Maiden	Sumame)				
BE	SAMUEL SLA									FITC				51.		_
5	190. INFORMANT'S NAME ELMIRA BA	Vogtr VAMTTC	- (NIECE)	19							INGTON			206		
	20e. METHOD OF DISPOSITI	ON n 3 🗆 Rem (Specify)	oval Irom State	20b. PLACE other pl	(aca)			CEME				LT IM				
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE			22.	NAME AF	O ADDRES	SS OF FA	CILITY						_
-	· Mus	. 1	Tis								HOMES					
	23. PART I. Enter the d	202222	complications the	at caused the de	eeth. Do						BALTI				Approximats	_
	shock, or h	eart,/billyfre.	Liat only one ce	uee on eech line	8.			-	_				,		Interval Between Onset and Death	
	iMMEDIATE CAUSE (Fir disease or condition	iel	41.100	001 6		-/1	7000	1.01	0	2 2 2	t				Officer and Death	
	resulting in deeth)		a. DUE TO	DEL JUSE	QUENCE C	MP):	BUU	w.		1000	7,1			-		_
2			. April	c 56	مس	sen	-							ļ		
CERTIFICATION	Sequentielly list condition if any, isading to imme		DUE TO	(OR AS A CONSE	OUENCE C	OF):										
S	csuse. Enter UNDERLY	NG	C													
臣	that initiated events		DUE TO	(OR AS A CONSE	OUENCE C	P):										
띪	resulting in deeth) LAS	' L	d													_
- 1	PART II. Other aignifice	nt condition	na contributing to	desth but not	resulting	in the u	nderiyin	g ceuse g	given in	Part i.	24a. WAS AN	AUTOPSY	24	b. WERE	AUTOPSY FINDINGS	3
S											PERFOI			COME	ABLE PRIOR TO PLETION OF CAUSE	
E											1 1 123 /	Chito			EATH? YES 2 NO	
2														• 🗆	123 1 110	
AN	25. WAS CASE REFERRED T	O MEDICAL				-	26. PI	LACE OF D	EATH (Ch	eck only o	nne)					
S	EXAMINER?		HOSPITAL:	☐ ER/Outpatient :	3 🗆 DOA	OTHE 4 Nu		10 5 🗆 Re	eldence	6 🗆 Oth	er (Specify)					
PHYSICIAN: MEDICAL	27. MANNER OF DEATH		28e. DATE O	F INJURY Day, Year)	28b. TII	-	28c. IN.	URY AT			SCRIBE HOW	INJURY O	CCURED			_
ВУР		Pending Investigation	(INOTION,	ouy, real	1	M		YES 2	NO							
ا م ا	2 District	Could not be	28e. PLACE	OF INJURY — AI he	ome, farm,	atreel, fec	tory, offic	•		28f. LO	CATION (Street or Town, State	end Numbe	or Rural	Route f	lumber,	
E	4 Homicide	determined	7 50 1016													
COMPLETE	CONSTRUCTION OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH		ICIAN: To the best of											(e) end	manner ee stated.	
	29b. SIGNATURE AND TITLE			. /		,			ENSE NU			-			h, Day, Year)	_
BE			half	5	4550	oc //s	20	カ	22	39	6	•		Janes		j
입	30. NAME AND ADDRESS O	F PERSON WI	O COMPLETED CAL				_		_							_

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31 MAR 14 1990

122 DEGISTRAR'S CHANATURE 1

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RYLAND 21203-3146

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

REGISTRAR		CERTIFI	CATE OF	DEATH	REG.	NO.		
1. DECEDENT'S NAME (First, Middle, Last		2 - 14-			2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATN
4. SOCIAL SECURITY NUMBER		Burke E (In yrs. last birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0 -	90	PLACE (State or Foreign
216-07-0584	1 X M 2 🗆 F		MONTHS DAYS	HOURS MIN.	NOV. 14,	1902	MA]	RYLAND
9a. FACILITY NAME (If not inetitution, give MERCY HOSPITAL				or location of de IMORE	EATH	9c. COI	UNTY OF DE	-
RESIDENCE OF DECEDENT 10a, STATE 10b, COUN	TY	10c, CITY	, TOWN OR LOCA	TION				10d INSIDE CITY
MARYLAND -			BALTI	MORE CITY				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER 2859 MAYFIELD	AVE.		10	21213		10g. Cl	U. S	A.
11. MARITAL STATUS 1 Never Married 2 Married XXWidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yea, a	CENDENT OF HISPAN Decify Cuban, Maxica B XX NO Specify	n. Puerto Rican, atc.	Yea or No—	Black,	- American Indian, White, atc.
15. DECEDENT'S ED (Specify only highest gra-		16a. DECEDENT'S	USUAL OCCUPAT ork done during m	ON out of weeking	16b. KIND OF	BUSINESS/IN	DUSTRY	
Elemantary/Secondary (0-12) NA	College (1-4 or 5+) NA	EX. DIRE	CTOR MD	. TRAFFIC	STATE	OF MA	ARYLAI	ND
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Ma	iden Surname)		
BERNARD JAMES	BURKE			KATHERI	NE FITZP	ATRICI	X	
19a. INFORMANT'S NAME (Type/Print)		The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		and Number or Rural				
PAUL E. BURKE J				EY BLDG,				
20e METHOD OF DISPOSITION 1XX Surial 2 Cremation 3 Ra 4 Donation 5 Other (Specify)	moval from Stata	other place) PA		CEMETERY		BALTIN	-	
21. SIGNATURE OF FUNEBAR SERVICE	ICENSEE		SCHI	MUNEK FUN	NERAL HOM			0.000
23. PART I. Enter the discoors of	7			BREHMS I				Approximate
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR A) DUE TO (OR A) DUE TO (OR A) DUE TO (OR A)	s A CONSEQUENCE OF	hype	fetigne	0			Onset and Deat
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A	Reptus S A CONSEQUENCE OF acuto	ed al	bolomenis	ante	and	runy.	n
PART II. Other significant conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the con	- heart of	1/1			PE	S AN AUTOPS	Y 24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	T	·	00.1	1 405 05 05 1TH 01				
EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch	ALTERNATION LABOR			
27. MANNER OF DEATN	1 Inpetient 2 ER/O	TY 28b. TIMI	E OF 28c. IN	me 5 Residence	28d. DESCRIBE N		CCURED	
Netural 5 Pending Investigation	(Month, Day, Yea	r) INJ	URY	ORK? YES 2 NO				
3 Suicide 8 Could not b	28e. PLACE OF INJU- building, etc. (S	JRY — At home, farm, a specify)	treet, factory, off	ce	281. LOCATION (SI City or Town, S	reet and Numb Itale)	er or Rural R	oute Number,
Correct Gray	/SICIAN: To the best of my kn							and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIF	IER			29c, LICENSE NU	MBER	29d. D/	ATE SIGNED	(Month, Day, Year)
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30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE OF		Print) Utimo			202		
31. DATE FILED WORTH, Day, 1990	gula Distant	afferdal.	0,000	1				

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OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within amounts a	INERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	Ž

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (Firs	t Middle Leet									DEATH			
		CLARA J.	BOSAK						2. DATE OF	DAY	9	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. le	at birthday)	IF UNDER	R 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF	BIRTH	Í	_	HPLACE (State or Foreign
217-01-124	1	1 🗆 M 2 💢 F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De		1919	Count	ARYLAND
9e. FACILITY NAME (# not	institution, give	street and number)										NTY OF E	
Union Mer	morial	Hospital			Baltimore, City								
MARYI.AND						BALTIMORE CITY							10d. INSIDE CITY LIMITS? XXI YES 2 \(\square\) NO
100. STREET AND NUMBER	2					10	. ZIP COD	Œ			10g. CITI	ZEN OF	WHAT COUNTRY?
3840 ELMLEY	AVE.						212	13			U	J. S.	. A.
11. MARITAL STATUS 1 Never Married 2	_	12. WAS DECEDEN FORCES? IF YES, GIVE	IT EVER IN U.S. AI VES XXX	RMED NO		It yes, sp	ecify Cub		IIC ORIGIN? (S n, Puerlo Rica		or No—	14. RAC Blec Spec	E — American Indian, ik, White, etc.
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17. FATHER'S NAME (First,	Middle, Last)						18. MOT	HER'S NA	ME (First, Midd	lle, Maiden S	Sumame)		
THOMAS JEST		I							THA WO				
19a. INFORMANT'S NAME FREDERIC C		K JR. (SO							ALT IMO				3
20a. METHOD OF DISPOSI 1 Burlel 2VA.Cremat 4 Donation 5 Othe		noval from State	20b. PLACE other p	of DISPO	SITION (N						TIMC		own, State MD .
21. SIGNATURE OF FUNE	AL MERVICE L	CENSEE			221	-1445A	NP APPRI	ESS OF EA	EKAL H	OMES	TNC	1	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traus	MEDICAL	PART II. Other significen	t conditions	contributing to	deeth but	not resulting	in the un	derlyln	g cauee	given in		PERFOR	MEO?	CI	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATHY YES 2 MO
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TENDING TOR: After after death 28 is ma	ED BY	3 Sulcide 8 0	Could not be letermined		OF INJURY — , etc. (Specify	- At home, farm,	street, facto				28f. LOCATIO City or To	IN (Street e wn, State)	and Numbe	r or Rural Rou	ite Number,
PPTAL OR AT IERAL DIRECTION 72 hours	COMPLET	(Crieck Orny		CIAN: To the best of											nd menner es stated.
D THE HOR D THE FUN e filed with	BE	29b. SICKATURE 1910 TITLE	OF CENTIFIER	beer	U	per)	-	29c. LIC	ENSE NUI	MBER 0020	0	29d. DAT	3-13	forth, Day, Year)
	TO	30. NAME AND ADDRESS OF		completed cal		H (ITEM 27) (Тур	e, Print)		7652	A	Belai	r Rd	. Ba	altimo	ore, Md.
		31. DATE FILED (Month, Day, 1) MAR 14	(bar)	32. REGISTR		URE	*								
_				7								-			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.7. ars after death. Part of the hospital or attending physician.

TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF M	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
	CE	ERTIFICATE	OI	F DEAT	Ή		REG. NO.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC			MENTAL HYGIEN				
1. OECEDENT'S NAME (First, Middle, Last) Chalmer C.		ng			2. DATE OF DEATH MONTH 3		3. TIME OF DEATH 2:10 p.		
4. SOCIAL SECURITY NUMBER 212-01-4363 9a. FACILITY NAME (If not institution, give	5. SEX 8. AGE (In yrs. lest birthday) YRS. MO		HOURS MIN.	7. DATE OF BIRTN (Month, Dey, Year) 5-07-03	9c. COUNTY	8. BIRTHPLACE (State or Foreign Country) Phila. Pa. DC. COUNTY OF DEATH		
St. Mantin's Ho			Catons			Baltin	10d. INSIDE CITY		
Md. Balt 100. STREET AND NUMBER	imore	Bal	timore 10f.	ZIP CODE			1 YES ZENO		
3941 Colchester 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	If yes, spe-		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:		
15. OECEDENT'S EOI (Specify only highest grad Elementary/Secondary (0-12) 12 years	UCATION to completed) College (1-4 or 5+)	16a. OECEOENT'S US (Give kind of work life. Do NOT use no Market =	k done during mos etired.)	t of working	Hollins	St. Ma	TRY		
17. FATNER'S NAME (First, Middle, Leat) Edward B. Bunt 19a, INFORMANT'S NAME (Type/Print)	inc	19b. MAILING AD	ODRESS (Street an	Suzy M	ME (First, Middle, Melder OPTON Route Number, City or To		de)		
Sr. Paul Mary 20a. METHOD OF PISPOSITION 1 Buriel 2XI Cremetton 3 Rei 4 Donation 5 Other (Specify)	movel from State	601 Mai PLACE OF DISPOSITE other place) Metro Crem	ON (Name of cem	etery, crematory or		id. 212 ocation - chy	or Town, State		
21. SIGNATURE OF FUNERAL SERVICE L			Hubban	d ADDRESS OF FA		Inc.			
23. PART I. Enter the diseases, or shock, or heert feilure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. Due to fon as a oue to (or as a c.		menter the mod	allu	Lun	4	, Approximate Interval Betwee Onset and Det		
PART II. Other algnificant condition		out not resulting in	the underlying	csuse given in		PRMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpetient 2 ER/Outs 28e. DATE OF INJURY (Month, Dey, Year)		Nursing Home of 28c. INJU	JRY AT	eck only one) 6 Other (Specify) 26d. DESCRIBE HOW	INJURY OCCUR	RED		
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e, PLACE OF INJURY	f — At home, ferm, stre			28f. LOCATION (Street City or Town, State	t and Number or	Rural Route Number,		
(Critical Griff)	SICIAN: To the best of my know NER: On the basis of examination				time, date and place, a	and due to the c	ause(a) and menner as stated.		
30, NAME AND ADDRESS OF PERSON W	arous	EATH (ITEM 27) (Type, Pr	rint)	0216	49	> 3	3-13-90		
Dr. Sambandam Bas	skaran 3455 I	Wilkens Av	re. Balt	to., Md.	21229				

2. DATE OF DEATH

7. DATE OF BIRTH

3

3. TIME OF DEATH

10d. INSIGE CITY LIMITS?

1 😾 YES 2 🗌 NO

6. BIRTHPLACE (State or Foreign

Maryland

14. RACE — American Indian, Black, White, atc.

White

Approximate

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO

1 YES 2 NO

0

COMPLETION OF CAUSE

Interval Between Onset and Death

90

9c. COUNTY OF OEATH

U.S.A.

MD 21223

24s. WAS AN AUTOPSY

1 YES 2 NO

10g. CITIZEN OF WHAT COUNTRY?

5:30 a

1 -

FOR

5. SEX

1 M 2 X F

IF UNDER 24 HRS.

MIN.

HOURS

IF UNDER 1 YEAR

DAYS

8. AGE (In yrs. lest birthday)

63

	CERTIFIC
	MEDICAL
	PHYSICIAN:
	D BY
1	_

BE

9

CATION COMPLETE = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: 9

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED 5 Pending 1 YES 2 NO

27. MANNER OF DEATH 1 Natural 2 Accident

PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town State) 3 Sulcide 6 Could not be 4 Homicide

29a. CERTIFIER

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2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

38119

MP 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Dr. Fishbein University Hospi

University Hospital Oncology Dept.

Baltimore.

3

31. DATE FILED (Month, Day, Year) MAR 1 4 1990

32. REGISTRAR'S SIGNATURE chia Davidson-Randalle

DHMH-16 Rev 1/89

BOX 13146, P.O. OF VITAL RECORDS, DIVISION

MORE, MARYLAND 21203-3146 he retained by the h 5 may

permit. Pages 1, 2, 3 should

the burial-transit

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place 5 should notified

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hospital or attending physician.

completely executed within traumatic event, to burial. signed by the attending physician and Health and Mental Hyglene prior to bur law requires that the death certificate be other 10 any shows a been at. of h has be Dept. certificate has th the State De d, or Item 2 PHYSICIAN: The with t marked, After the death v OR ATTENDING 00 DIRECTOR: A hours after d Item 28 is

FUNERAL I HOSPITAL

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1720

표표 223

9

REG. NO. 3. TIME OF DEATH 06:45p. JE /Z B. BIRTHPLACE (State or Foreign VA 9c. COUNTY OF DEATH nne Arundel 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 14. RACE — American Indian, Black, White, etc. NHITE 165 KIND OF BUSINESS/INDUSTRY 20c. LOCATION - City or Town, State L, STEVENS FUNERAL HOME AVE BALTO Md 21230 IN Approximate Interval Between Onset and Death 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TYES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

12106

25654 00

achied for use as the burial-transit permit. Pages 1, 2, 3 should

and or the heapital or attending physician.

	1 - STATE REGISTRAR	SIATE UF MAK			OF DEAT		NIAL HYGIEN REG. NO.	E					
	1, DECEDENT'S NAME (First, Middle, Last) DANIEL J. BROG	AN ,SR.					DATE OF DEATH DA		3. T	2.10 PM			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AC	BE (In yrs. last birthday)	# UNDER 1 Y			DATE OF BIRTH (Month, Day, Year)			CE (State or Foreign			
	173-05-0424	1 M 2 F	80 YRS.		OWN OR LOCATI		MAY 3. 190			LVANIA			
OR	UNION MEMORIAL HO				'IMORE (90. COON 1	OF DEATH				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	7	10c, CIT	Y, TOWN OR					104	. INSIDE CITY			
	MARYLAND		BA	LTIMO					ıX.	LIMITS? YES 2 NO			
FUNERAL	6613 FAIRDEL AVE	NUE			2120			USA	N OF WHAT	COUNTRY?			
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOUR SERVICE WAR OF	ES 2 NO	It y		en, Mexican, F	ORIGIN? (Specity Yea Puerto Rican, atc.)	or No— 14	i. RACE — A Black, Wh Specify: WHIT				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a, DECEDENT'S (Give kind of life, Do NOT us) TOOL 8	work done dur se retired.)	ing most of worki	ng	166. KIND OF BUS		TRY				
	17. FATHER'S NAME (First, Middle, Last) PETER BROGAN		TOOL G	DIL	16. MOT	HER'S NAME	(First, Middle, Maiden		IN				
TO BE	19a. INFORMANT'S NAME (Type/Print)				Street and Numbe	r or Rural Rou	te Number, City or Town						
F	VIRGINIA BROGAN					-	LTIMORE,						
	20s. METHOD OF DISPOSITION 20s. LOCATION - City or Town, other place) 20s. PLACE OF DISPOSITION (Name of cemetery, crematory or PARKWOOD CEMETERY 20s. LOCATION - City or Town, Other place) PARKWOOD CEMETERY												
	21. MIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DIPPEL FUNERAL HOME, INC. 7110 BELAIR ROAD BALTIMORE, MD. 21206 23. MIGNATURE OF FUNERAL SERVICE LICENSEE 24. NAME AND ADDRESS OF FACILITY DIPPEL FUNERAL HOME, INC. 7110 BELAIR ROAD BALTIMORE, MD. 21206 25. NAME AND ADDRESS OF FACILITY DIPPEL FUNERAL HOME, INC. 7110 BELAIR ROAD BALTIMORE, MD. 21206												
	23. Aug I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, ehock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death)												
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DIFFUSE DONE metastasis SUPTO (OR AS A CONSEQUENCE OF): PUPMONARY METASTASIS OUE TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL CE	PART II. Other aignificant condition	ne contributing to deat	h but not resulting	in the unde	orlying cause	given in Pa	24a. WAS AN PERFOR	MED?	AVA CON OF I	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 70			
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF E								
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/0	RY 28b. TIR	E OF 2	Bc. INJURY AT		Other (Specify)	NJURY OCCU	REO				
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Yei		WORK?									
TED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (URY — At home, farm, Specify)	street, factor	r, office	2	et. LOCATION (Street of City or Town, State)	and Number of	Rural Houre	Number,			
COMPLETED	and a	ICIAN: To the best of my kees. On the bests of exemin								d manner as stated.			
O BE C	296. SIGNATURE AND TITLE OF CERTIFIE	leagh	/ IH	d.	29c. LIC	ENSE NUMBE	ER	29d. DATE	SIGNED (Mor	nth, Day, Year)			

EOR 641U

32. REGISTRATES SUNATURE
STATUS DEMOSTRATE

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MEMORIAZ

UNION

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Approximate Interval Between **Onset and Death** da

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE

FOR STATE REGISTRAR

1 -

	24 mours
o,	within
2	executed
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IVISION OF VITAL RECORDS, P.O. BOA 13149,	R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours
7	death
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7	PSICIAN.
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)		1. DECEDENT'S NAME (First,		T.	DD.	YAN					2. DATE OF MONTH	10	y 0	O O	3. TIME OF DEATH 1:10	A
		4. SOCIAL SECURITY NUMB		5. SEX		n yrs. last birtho	iiv) IF UNDE	R 1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF	BIRTH	$\overline{}$		PLACE (State or Foreig	_
pln		213-18-3451 1X M 2 G F 75 YRS. MONTHS DAY'S HOURS MIN. (Magnth, Day, 1647) 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH									14	Countr	ARYLAND			
2, 3 should	l a	7865 CRIL	LEY R		PT:4	83	9b. CIT	-		URNI			9c. COUN		ARUNDE:	L
, s	ای													10d. INSIDE CITY	=	
if. Page	DIRECTOR	MARYLAND		NNE ARU	MDE			G	LEN	BUR	NIE				1 YES 2 NO	
physician. burial-transit permit. Pages 1,	FUNERAL	7865 CRIL	LEY F	OAD A	APT:	483		10	1. ZIP COD	∝ 2106	1			U.S	.A.	
	BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Divo		12. WAS DECEDENT FORCES? 1 IF YES, GIVE V	MAR OR DA	TES .		If you, sp		en, Mexica	IIC ORIGIN? n, Puerto Ric r:		or No—	Black	— American Indian, , White, atc. WHITE	
attend se as	0		EDENT'S EDU	CATION		16a. DECEDE	IT'S USUAL			ina	16b. K	IND OF BUS	INESS/IND			_
he hospital or attending detached for use as the	COMPLETED	Elementary/Secondary (0		College (1-4 or 5	+)	ille. Do N	T use retired. ALESI		DUC 04 440474		R	ESTA	URAN	T S	UPPLIES	
detach	OM	17. FATHER'S NAME (First, M	liddie, Last)						18. MOT	THER'S NA	ME (First, Mic	Idle, Maiden	Sumame)			
> % %	آ س آ	JACOB .	Α.	BRYAN						ANN	L		SEYM	IOUR		_
may the etained b	TO B	19a. INFORMANT'S NAME (T TILGHMAN	F.	BRYAN	1						E, GL				D.21061	
		20a, METHOD OF DISPOSITI 1 Burlal 2 Crematio 4 Donation 5 Dotter		oval from State	20b	other place)	RYLA!	terne of ce	metery, cre	matory or RANS			WNSV		wn, State E, MD.	
Page al dire		21. SIGNATURE OF FUNERAL		CENSEE/		٨	22	. NAME A	ND ADDRI	ESS OF FA	CILITY				2106	_
ter death. Page the funeral directory.	CYG	AZÉ CRAIN HWY.S. W. GLEN BURNIE, MD.												_		
filled in by ion, or remember		shock, or h IMMEDIATE CAUSE (Fir	23. PART I. Enter the diseases of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart fallers. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death)													Nec
ompletely al, crema	event,	resulting in death) a.												1 90	1	
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ficate be ex physician a ne prior to	IFICATI	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events	diate ING Iry			CONSEQUEN	REE T									
h certificate be ex ending physician a Hyglene prior to	RTIFIC	If any, lesding to imme cause. Enter UNDERLY CAUSE (Disease or inju	diate ING Iry				REE T									
that the death certificate be exited by the attending physician and and Mental Hyglene prior and Mental Hyglene prior and Mental Hyglene prior and a second physicians.	OICAL CERTIFIC	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events	diate ING ury	E. DUE TO	A EA PO)	CONSEQUEN	z orj:	ındertyir	ng cause	given in		24a. WAS AN PERIFOF 1 YES 2	MED?	246	. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION DE CAL OF DEATH?	1
uires that the death certificate be ex signed by the attending physician a Health and Mental Hyglene private	MEDICAL CERTIFIC	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuithat initiated events resulting in death) LAS	diate ING ury	E. DUE TO	A EA PO)	CONSEQUEN	z orj:	undertyir	ng cause	given in		PERFOR	MED?	246	AVAILABLE PRIOR TO COMPLETION DF CAL	SE
law requires that the death certificate be ex ss been signed by the attending physician a lept. of Health and Mental Hyglene properts	MEDICAL CERTIFIC	If any, leading to imme cause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other significations.	diate ING ury ST	d	A EA PO)	CONSEQUEN	E OF):	26. F	PLACE OF	DEATH (Ch	neck only one)	PERFOR	MED?	246	AVAILABLE PRIOR TO COMPLETION DF CAU OF DEATH? 1 YES 2 NO	SE
law requires that the death certificate be ex ss been signed by the attending physician a lept. of Health and Mental Hyglene properts	MEDICAL CERTIFIC	If any, leading to imme cause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other significations. 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 AND	diate ING ury ST	d. HOSPITAL: 1 Inpatient 2	o death b	out not result	ing in the o	26, F ER: urning Ho	PLACE OF	DEATH (Ch	seck only one)	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION DF CAU OF DEATH? 1 YES 2 NO	SE
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DESC 28f. LOCA City or	PERFOR (Specify) RIBE HOW I FION (Street Rown, State) e(s) and main	NJURY OC	CURED r or Rural ted.	AMALABLE PRIOR TO COMPLETION DE CALOF DEATH? 1 YES 2 NO	JSE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
300 Hospital Drive S. 230, Glen Bum'e

Lista Dandson Honda

31. DATE FILED (Month, Day, Year) MAR 1 4 1990

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

examinat	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examination
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral
er death. P	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND /		T OF HEALTH AND I	MENTAL HYGIEN	-							
	1. DECEDENT'S NAME (First, Middle, Last)	girl Byer			01 2	2 19	3. TIME OF DEATH						
	0	M 2 De	YHS. MONTHS	A 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	(Month, Day, Year) 1990 MARYL							
TOR		ISPITAL	9b. CIT	TO WSO N	EATH	9c. COUNTY OF DEATH							
FUNERAL DIRECTOR	MARYLAND S	Home	10c. CITY, TOWN	BALTIMOR	LE		10d. INSIDE CITY LIMITS?						
ERAL	3548 Honey	cauckle So	ine	10f. ZIP CODE	220	10g. CITIZEN	I OF WHAT COUNTRY?						
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 THE IF YES, GIVE WAR OR DATES	MED 13.	WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexica 1 ☐ YES 2 NO Specifi	n, Puerto Rican, atc.)	s or No— 14.	RACE — American Indian, Black, White, etc. Specify:						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete the secondary (0-12)	pleted) (G	CEDENT'S USUAL (live kind of work done Do NOT use retired.)	during most of working	16b. KIND OF BU	SINESS/INDUS	TRY						
BE CON	17. FATHER'S NAME (First, Middle, Last) JOSEPH	m. Byer		Jerr	ME (First, Middle, Maider Low C	cki							
10	19a. INFORMANT'S NAME (Typo/Print) Joseph	Byer	3548	Honeysuck	Apute Number, City or Tou Las	vn, State, Zip Co	"alt. MD 21220						
	20e METHOD OF DISPOSITION 1 \(\tilde{D}\) Buriel 2 \(\tilde{C}\) Cremation 3 \(\tilde{R}\) Removal 4 \(\tilde{D}\) Donation 6 \(\tilde{O}\) Other (Specify)	from State 20b. PLACE other place HO I	of disposition (A	er 3/13/90		altimo							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY St. Joseph Hospital 7620 York Rd. Baltimore, Md. 21204												
	23. PART I. Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory erreat, ahock, pr heert fellure. Liet only pne cause pn each line. IMMEDIATE CAUSE (Final												
NOI	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A CONSE	OUENCE OF):		U								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A CONSE	DUENCE OF):										
_	PART II. Other eignificant conditions of	ontributing to death but not s	resulting in the u	inderlying cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
N: ME							1 TYES 2 NO						
PHYSICIAN: MEDICA		OSPITAL: Inpatient 2 - ER/Outpatient 3	OTHE	26. PLACE OF DEATH (C/ ER: ursing Home 6 - Residence									
BY PHY	27. MANNER OF GEATN 1 W Netural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE NOW	Bd. DESCRIBE NOW INJURY OCCURED							
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, stc. (Specify)	ome, farm, street, fa	ctory, affics	28f. LOCATION (Street City or Town, State	and Number or	Rural Route Number,						
COMPLET	onel	it: To the best of my knowledge, de											
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	nar CHouse	o-redic	atreción D 2	MBER 00 25	29d. DATE S	IGNEO (Month, Day, Year)						

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1/pe, Print)

SINNAR

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MD21204

RD, TOWSON

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DIVISION OF VITAL RECORDS, P.O. BOX 1314(R	
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	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed who,	the same property of the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same a
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and by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed when the prospersor of the forest and the law requires that the death of the defacts of the function of the forest after this certificate has been signed by the attending physician and completely filled in by the functal internal or the forest forest within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

15

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

ARYLAND 21203-3146

FOR STATE REGISTRAR	S	TATE OF MAI				HEALTH AND	MENTAL	REG. NO.	•		
1. DECEDENT'S NAME (First		Willia	ams		Cole		2. DATE	OF DEATH DA	8 9	AR	TIME OF DEATH
4. SOCIAL SECURITY NUME			AGE (In yrs. las		F UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH	8.	BIRTHPLA	CE (State or Foreign
217-12-830	19	X M 2 □ F	67	YRS.	ONTHS DAYS	NOURS MIN.	Dec	. 21,	1922		ryland
9e. FACILITY NAME (If not in				.9		OR LOCATION OF DI	EATH		9c. COUNTY	OF DEAT	Н
Good Sama		ospital			Baltin	ore					
10a. STATE	10b. COUNTY			10c. CITY,	TOWN OR LOC	ATION				10-	d. INSIDE CITY
Maryland	Baltimo	ore		Sp	arks					1	UMITS? ☐ YES 2 NO
10s. STREET AND NUMBER						Of. ZIP CODE			10g. CITIZEN	OF WHA	T COUNTRY?
14211 Qua	il Creek	Way #1	68			21152			US	A	
11. MARITAL STATUS		WAS DECEDENT E				ECENDENT OF HISPAI			or No— 14.	RACE - Black, W	American Indian, hite, etc.
1 Never Merried 2 3 Widowed 4 Divo		IF YES, GIVE WAR	OR DATES			S 2 NO Specif		,	- 1	Specify:	White
	EDENT'S EDUCATION		7	ECEDENT'S U	BUAL OCCUPA	TION	16h	KIND OF BUS	INESS/INDUST	RY	
	y highest grade com	pleted)	ine ine	live kind of wo	rk done during i retired.)	nost of working		c rains or soc			
Elementery/Secondary (F-12)	ollege (1-4 or 5+)	Met	alurgi	cal &	Sales		Stee	el Indu	ıstr	y - Armco
17. FATHER'S NAME (First, A						18. MOTHER'S NA	AME (First, I	Middle, Meiden	Surneme)		
Charles A	rthur Co	ole				Lillian	n Mad	e Willia	ams		
190. INFORMANT'S NAME (<u></u>	19	b. MAILING A	DDRESS (Stree	t and Number or Rural	Route Numi	ber, City or Town	n, State, Zip Co	de)	
Geraldine	M. Cole			sam	e as 1	0e.					
20a. METHOD OF DISPOSIT		from State	20b. PLACE other p	OF DISPOSIT	TON (Name of	cemetery, crematory or		20c. LO	CATION — City	or Town,	State
4 Donetion 5 Other		THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P	Dula	ney V	alley	Memorial	Gard	dens	Timoni	um,	Md.
21. SIGNATURE OF FUNERA	L SERVICE LICENS	BEE Marti	n D.	Laws	22. NAME	AND ADDRESS OF FA	ACILITY	liodofo	14		
>		Martin	D. La	awson		nonium.			iu		
23. PART i. Enter the c									ratory smest	,	Approximats
shock, or f		only one cause									Interval Between Onset and Death
disesse or condition_	→ .	META	STA	TIC	ADE	NOCAR	CON	omma			
resulting in death)			R AS A CONSE					•			
43	b.										
Sequentially list condi- if any, leading to imme	diate	DUE TO (OI	R AS A CONSE	EOUENCE OF):	_						
CAUSE (Disease or In)											
that initiated events resulting in death) LAS		DUE TO (OI	AS A CONSE	EOUENCE OF):							
resulting in dustily and	d										
PART II. Other signific	ent conditions c	ontributing to de	ath but not	resulting in	the underly	ing cause given in	Part I.	24a. WAS AN			ERE AUTOPSY FINDINGS MILABLE PRIOR TO
								PERFOR		C	OMPLETION OF CAUSE F DEATH?
								_			YES 2 NO
25. WAS CASE REFERRED EXAMINER?		1				PLACE OF DEATH (C	heck only o	ne)			
1 YES 2 NO		OSPITAL:	R/Outpatient	3 🗆 DOA	OTHER: Nursing H	ome 6 🗆 Rasidenca	6 🗆 Oth	er (Specify)			
27, MANNED OF DEATH		28e. DATE OF IN (Month, Day,		26b. TIME	OF 28c.	INJURY AT	28d. DE	SCRIBE HOW	NJURY OCCU	RED	
1 Netural 5 2 Accident	Pending Investigation	(1/2/10/10/10/10/10/10/10/10/10/10/10/10/10/				YES 2 NO					
3 Sulcide 6	Could not be	28e. PLACE OF I building, at	NJURY — At t	nome, farm, st	reet, factory, o	ffice		CATION (Street		Rural Rou	te Number,
4 Homicide	determined						J.,	, 5.010)			
290. CERTIFIER 1 CER	TIFYING PHYSICIA	N: To the best of m	y knowledge, d	seath occurred	at the time, d	ata end place, end du	e to the ca	luse(e) end me	nner es stated.	}	
one)	DICAL EXAMINER:	On the basis of exar	nination end/o	r Investigation	, in my opinio	, death occured at th	e time, det	e end place, er	nd due to the o	euse(s) s	nd menner ee stated.
29b. SIGNATURE AND TITL	E OF CERTIFIER					29c. LICENSE NU	JMBER		29d. DATE S	IGNED (A	forth Day, Year)
JOSEP14	Qu.	ST M	0 -						> 2	15	150
30 NAME AND ADDRESS		OMPLETED CAUSE	OF DEATH (IT	ЕМ 27) (Туре,	Print)		_			10	1
15621574-1	11 .000		-					1 -	The factor of		A 4 1 / TO A
31. DATE FILED (Month, Day	LINSI M	1) GTTT		vacil	אן אלט	F 5601	Lø	UTRI	TUEN.	18	mio mo

TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mount on	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be multiput at all	
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STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	OF	DEAT	ГН		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF I			HENE I. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)		7.			2. DATE OF DEA	TH DAY	YEAR	3. TIME OF DEATH			
- 1	SAMUEL	COHEN				MAR. 1	1, 1990) YEAR	10:00 6 M			
- 1			In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	гн		PLACE (State or Foreign			
	218-32-0909 9e. FACILITY NAME (If not institution, give stre		36 YRS.	MONTHS DAYS	OR LOCATION OF DE		4,1904		USSIA			
DIRECTOR	BALTIMORE COUNTY		\L		LLSTOWN				IMORE			
2	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY		10c, CIT	Y, TOWN OR LOCA	TION			1	10d. INSIDE CITY			
<u> </u>	MARYLAND			BALTIMOR				1	LIMITS?			
	10a. STREET AND NUMBER				1. ZIP COOE		10a, CIT		HAT COUNTRY?			
RA	2500 W. BELVEDERE AVE., APT. 904 21215 US											
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No											
		FORCES? 1 TYES	2 XNO	If yes, s	secity Cuben, Mexico	n, Puerto Ricen, e			, White, atc.			
BY	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 1 16	S 22 E NO Specin	γ:		Specin	WHITE			
	15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S	USUAL OCCUPAT	ON	166. KIND (OF BUSINESS/IN	DUSTRY				
Ē	(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done during m se retired.)	ost of working							
P	12		GRO	CER			FO	OD				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				te. MOTHER'S NA	ME (First, Middle, I	Maiden Surname)					
	BENJAMIN COHEN					FANNIE	BLUMBE	RG				
BE	tee. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural							
임	MRS. MINNIE COHEN		2500	W BELVE	DERE AVE	. ДРТ.	904 B	-OT-TA	, MD 21215			
1	20e. METHOD OF DISPOSITION	200	L PLACE OF DISPO		metery, crematory or		Oc. LOCATION -					
	1 Suriel 2 Cremation 3 Removed	rel from State	MOCAN	ABRAHAM			ROSEDA	ALE.	MD			
	21. SIGNATURE OF FUNERIAL BERVICE LICE		PICONIV	22, NAME /	ND ADDRESS OF FA							
- 1	16. 1		A	SOL	LEVINSO	N & BROS	S., INC	,				
	1me	Janes	4		O REISTE							
	23. PART I. Enter the diseases, by Co shock, or heart faffure. L	metications that caused only one cause on a	d the death. Do	not enter the m	ode of dying, suc	ch aa cardlec o	respiratory a	rest,	Approximate interval Between			
	WWW.CDU.To CAMOS (C)	Million and the second		e* en					Onset and Death			
1	disease or condition resulting in death) e. ASPIRATION (RESPIRATORY ARREST											
		DUE TO (OR AS A	CONSEQUENCE C	OF):					-11			
z	disease or condition resulting in death) e. ASPIRATION RESPIRATORY ARREST Due to (or as a consequence of): Sequentially list conditions. Sequentially list conditions.											
임	Sequentielly list conditions, OUE TO (OR AS A CONSEQUENCE OF):											
S	ceuse. Enter UNDERLYING CAUSE (Disease or Injury											
	that initiated events	DUE TO (OR AS A	CONSEQUENCE C	OF):								
CERTIFICATION	reaulting in death) LAST											
	PART ii. Other significant conditions	contributing to death t	out not resulting	In the underlyi	ng cause given in	Part i. 24s. \	MAS AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS			
CAL		•	•	,			PERFORMED		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ă						— I¹□	YES 2 NO		OF DEATH?			
Σ						—			1 YES 2 NO			
PHYSICIAN: MEDIC	OF HAND DAOF DESCRIPTION OF				N 405 OF 05 1711 17							
2		HOSPITAL:		OTHER:	PLACE OF OEATH (C							
YS	- 	1 Inpetient 2 ER/Out		1	me 5 🗆 Residence			0011050				
표	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	IJURY V	JURY AT	28d. OESCHIBE	HOW INJURY O	CCURED				
B≺	2 Accident Investigation				YES 2 NO							
	3 Suicide 8 Could not be 4 Homicide determined	street, factory, of	ice	(Street and Numb n, State)	it end Number or Rural Route Number, te)							
Ħ	20a CEUTIFIED					l						
COMPLETED	(Crieck only	ZAN: To the best of my know										
Ö	2 MEDICAL EXAMINER	t: On the basis of examination	on and/or investigat	ton, in my opinion	seath occured at the	e time, date and p	ace, end due to	tue canse(e	g end menner as stated.			
BE C	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	IMBER	29d. D/	TE SIGNED	(Month, Day, Year)			
	Confd M.	elember.	MD		D/20	0	1	3/12	150			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Typ	e, Print)			11 -					
	PONALD H.	DEMBO	MD	MARY	CNAL	GEN.	HOSP.		180 450 21201			
	31. DATMAR 174 1990	Suka Davidson	Hondell									

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	9	5 6	
	Ē	P. B.	!
	8	JNE	
	王田	E 3	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within American	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the fined within 22 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or	
	2	2 %	

STATE OF MARYLAND / DEPARTMENT OF HE	ALTH AND MENTAL HYGIENE
CERTIFICATE OF D	DEATH REG. NO.

	1 - STATE OF MARYL REGISTRAR	AND / DEPARTM CERTIFIC			MENTAL HYGIENE						
,	1. DECEDENT'S NAME (First, Middle, Last)	-			3. TIME OF DEATH						
ľ	FORTUNEE	Co	DHEN		.7 %	MONTH DAY - PE 2 =					
			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 1/9/04	8. B	IRTNPLACE (State or Fereign ountry) EGYPT				
	9a. FACILITY NAME (If not Institution, give street and number)	96	2. CITY, TOWN OF	R LOCATION OF DEA		9c. COUNTY	OF DEATN				
TOR	PIMORE										
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND		OWN OR LOCATION			10d. INSIDE CITY LIMITS? 1X YES 2 NO					
	10e. STREET AND NUMBER		101.	ZIP CODE		10g. CITIZEN	OF WNAT COUNTRY?				
IER/	3601 FORDS LA., APT. 604			21215	5	USA					
BY FUNERAL	11. MARITAL STATUS 1 [X Never Merried 2	2 1 NO	If yes, spe-		C ORIGIN? (Specify Yea , Puerto Rican, etc.)	13	RACE — American Indian, Black, Whita, alc. Specify: WHITE				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) [Give kind of work done during most of working life. Do NOT use retired.] [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secondary (0.02) [Secon										
MPLE	Elamentary/Secondary (0-12) College (1-4 or 5+) UNKNOWN	NONE			NON	E 					
BE CO	17. FATNER'S NAME (First, Middle, Last) UNKNOWN COHEN			18. MOTHER'S NAM UNKNO	NE (First, Middle, Maiden : VN	Surname)					
TO B	19a. INFORMANT'S NAME (Type/Print) HEBREW BURIAL & SOC. SERV.	19b. MAILING AD 2 E. F	PAYETTE	ST. BA	oute Number, City or Town	1, State, Zip Cod 2120	ő2				
	1 QBurial 2 Cremation 3 Removal Irom State	b. PLACE OF DISPOSITION other place)	ON (Name of cem	etery, crematory or	20c. LOCATION — City or Town, Stata						
	4 Done-Hon 5/ Other (Specify) 21. SIGNATURE OF EUNERAL SERVICE LICENSE	BALTIMOF	-	EW D ADDRESS OF FAC		LTIMOR	E, MD				
	21. SIGNATURE OF EUNERAL SERVICE LICENSE	ب	SOL	LEVINSO	N & BROS.,						
	25. PART . Enter the diseases, or complications that cause				STOWN RD.						
	ahock, or/haart faffura. List only one cause on a IMMEDIATE CAUSE (Final					1	Interval Batween Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in daath) LAST										
Ä	d										
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions contributing to death I CONGESTIVE HEA Primonary Ex		en In Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY AMAILABLE PRIC COMPLETION D OF DEATH? 1 YES 2								
Ä											
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		THER:	ACE OF DEATN (Che	PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTIT						
HYS	1 ☐ YES 2 ☐ NO ☐ 1 ☐ Inpettent 2 ☐ ER/Out 27. MANNER OF DEATH ☐ 28a. DATE OF INJURY	28b. TIME C	OF 28c. INJI	URY AT	B						
BY PI	1 Netural 5 Pending (Month, Dey. Year) 2 Accident Investigation	INJUR	Y WO		200. 02001102 1100 1100111 00001120						
	2 Decident	ry — At home, farm, atre	et, factory, office		281. LOCATION (Street a City or Town, State)	and Number or F	iurai Route Number,				
COMPLETED	29a. CERTIFIER (Check only one) 1 DERTIFYING PNYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the basis of axaminetic						use(s) and menner as stated.				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	mp,		DIGENSE NUM	-		GNED (Month, Day, Year) 3-9-90				
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OR	EATN (ITEM 27) (Type, Pr	int) B	CKH.	RANDALI	C Tion	3-9-90 N Md. 21133				
	MART 4 1990 Survey Day 1990	Marken				= 1010					

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

MARGARET

E.

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	1	4. SOCIAL SECURITY NUMBER	5. SEX		n yrs. last birthday)	IF UNDER 1 Y	EAR 8YA	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Vest) 08 09	00	6. BIR		
9		215-50-7158	1 M 2 XF	6	9 YRS.						20			
phoods	oc.	99. FACILITY NAME (if not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATN PERRY POINT												
. 2, 3	2	V.A.MEDICAL CENTER PERRY POINT												
physician. burlal-transit permit. Pages 1,	рівесто	10a. STATE 10b. COUNT				Y, TOWN OR								
		MARYLAND ANNE ARUNDEL GLEN BURNIE												
	\¥	10e. STREET AND NUMBER					10f	. ZIP CODE			10g. CIT			
	FUNERAL	610 MAYO ROAD 21061 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF NISPANIC ORIGIN										Y		
ding physician, the burial-trar	BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES?	YES	2 NO	If y	ea, sp		, Maxican	, Puarto Rican, atc.)	or No	Spi		
	윤	15. DECEDENT'S EDU (Specify only highest grad			16a. DECEDENT'S	work done duri			7	16b. KIND OF BU	SINESS/IN	DUSTRY		
	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	He. Do NOT U	usewi	FE	2		н	OMEM	AKE		
	MO	17. FATHER'S NAME (First, Middle, Last)							ER'S NAM	NE (First, Middle, Maiden				
14 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日			ANSBURY						MARY			HOL		
retained 5 should notified	BE	19a. INFORMANT'S NAME (Type/Print)								oute Number, City or Tox				
De File De 5 B Rot	유	CHARLENE LaPL	ANCHE		515	MONTE	RE	Y A	/E.C	DENTON, 1	۷D.	211		
ector, page must be		20e-METHOD OF DISPOSITION 1 2 Burlai 2 Cremellory 3 Ran	noval from Stata	20b	SITION (Name	of cer	netery, crem	atory or						
age 6 directs		□ Donation 5 □ Other Specify) 21. SIGNATURE OF FURENAL SERVICE LI	CENSEE/) /	_ E	ALTIMO						¬.T. T M	ORE		
ors after death. Page 6 may be in by the funeral director, page removal.		1/2	7	nul	marian	R.F	YM	OND	C.	FINK FU	VERA	LH		
s after de by the fi removal.		- / way	0107-											
		23. PART I. Enter the diseases, er ahock, or heart fallwre.				not anter tr	a mo	da or dyl	ng, sucn	i aa cardiac Dr reap	Hratory a	rrest,		
Ille Ion,		immediate cause (Final disease or condition CARDIAC DYSRHYTHMIA, ASYTOLE												
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hysici prior pr tra	S	cause. Enter UNDERLYING CAUSE (Disease or injury	Wi		CONSEQUENCE C		SE	E						
ding p ding p tyglen	ERTIFI	that initiated events resulting in death) LAST			S MELL							TIZEN OF U. 14. RAM Bla Spr NDUSTRY MAKE CHOI City or MORE AL H BUR BUR BUR BUR COCCURED ber or Run stated. it the caus MATE SIGN		
th certificate be ending physician il Hyglene prior to or other traur	핑		d.							T				
that the dea led by the att th and Menta any Injury,	Ä	PART II. Other algnificant condition	PERFO	PERFORMED?										
igned ealth s an	EDICAL									1 YES	2 X NO			
requires een sign of Heal	Σ													
9 4 -	IAN:	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF D	EATH (Che	ick only one)				
	SIC	1 YES 2 NO	HOSPITAL:	☐ ER/Outp	atient 3 🗆 DOA	OTHER:	g Hon	10 5 Re	aldenca	6 Other (Specify)				
PHYSICIA this certif with the arked, or	PHY	27. MANNER OF DEATN	26a. DATE O (Month,	F INJURY Day, Year)	28b. TII	ME OF 2	6c. IN. WC	JURY AT DRK?	NAL ADDRESS OF FACILITY NDD C. FINK FUNERAL H AIN HWY.S.W.GLEN BUR of dying, such as cardiac or respiratory arrest, SYTOLE ause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 XNO 25 Residence 6 Other (Specify) Y AT 28d. DESCRIBE HOW INJURY OCCURED 26f. LOCATION (Street and Number or Run City or Town, State) 4 piece, and due to the cause(a) and manner as stated. th occured at the time, data and place, and due to the cause LICENSE NUMBER 29d. DATE SIGN MARCO					
DING PHYSI After this c death with s marked,	BY	1 X Natural 5 Pending 2 Accident Investigation				М	1 🗌		NO			PE NTY OF CEC IZEN OF CEC I4. RAMBIE Sport AKE HOI City or ORE L H BUR Test, ated. Ithe cause TE SIGN TE SIGN		
O A D W	<u>a</u>	3 Suicide 6 Could not be 4 Homicide detarmined		of INJURY , atc. (Spec	— Al home, farm,	street, factor	y, offic	a						
DR ATTEN DIRECTOR: hours after Item 28 is	COMPLET	29a. CERTIFIER A X CERTIFICATION PAIN	PIOLEN To the best	d - u te viii	lades doub accord		- 444	and elece		40 the count (a) and m	Weal or No— 14. RAS Blas Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Special Speci			
보 기 전 보	MP	one) —												
THE HOSPITAL THE FUNERAL filed within 72 I	ပ္	29b. SIGNATURE AND TITLE OF TERTIFIC	ER					29c. LICE	INSE NUM	BER	29d. D/	TE SIGN		
TO THE HOSPIT TO THE FUNERA be filed within 7 IMPORTANT: I	BE	P) Fice		n	mI).								
E E P E	2	30. NAME AND ADDRESS OF PERSON W									-			
		RICHARD FREEM			AMC, PE	RRY I	20.	LNT,	MD.	21902				
		MAR1 4 1990	32. REGISTE											

CERTIFICATE OF DEATH

CLOUTIER

2. DATE OF DEATN

MARCH

90 06359 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3. TIME OF DEATN To,1990 10:15 PM 6. BIRTNPLACE (State or Foreign PENNSYLVANIA 20 9c. COUNTY OF DEATN CECIL 10d. INSIDE CITY 1 TES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. WHITE BUSINESS/INDUSTRY OMEMAKER len Surname) NICHOL own, State, Zlp Code) MD. 21113 LOCATION — City or Town, Stata LTIMORE, MD. NERAL HOME 21061 GLEN BURNIE, MD. apiratory arrest, Approximate Interval Between **Onset and Death**

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 TYES 2 NO N/A

set and Number or Rural Route Number, late)

and due to the cause(s) and menner as stated.

29d. DATE SIGNED (Month, Day, Year) ▶ MARCH 10,1990

TO THE HOSPITAL OR ATTENOING PHYSICIAN: The law requires that the death certificate be executed within many after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

	1 - STATE REGISTRAR	Ollille Olli	MANTLAND /		ICATE	OF I	DEAT	H	MENTA	REG. NO.	•				
3	1. DECEDENT'S NAME (First, Middle, La	st)							2. DATE	OF DEATH		3. EAR	TIME OF DEATH		
	LLOYD DANCY (NY	N)							3	10	9		4:46A M		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest				IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTH	0.	BIRTHPLA Country)	CE (State or Foreign		
	223-03-2472	1 🔀 M 2 🗆 F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	8/	7/12	N	ORTH	CAROLINA		
	9e, FACILITY NAME (If not institution, gir				9b. CITY, T				ATH		9c. COUNTY	OF DEAT	4		
OH	VA, MEDICAL CEN					FT.	HOV	VARD			BAL	TIMO	RE		
E	RESIDENCE OF DECEDENT 10a, STATE 10b, COU			10c, CIT	Y, TOWN OR	LOCATIO	ON					104	I. INSIDE CITY		
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE												LIMITS? YES 2 X NO		
	10e. STREET AND NUMBER						ZIP CODI				10g. CITIZER		COUNTRY?		
ER/	2720 BIDDLE STR	REET					212	213			USA				
FUNERAL	11. MARITAL STATUS	T EVER IN U.S. ARM	4ED						N? (Specify Yee		RACE -	American Indian,			
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES	U	1 (YES 2	City Cube	n, Mexices Specify	n, Puerto /:	Rican, etc.)		Soechy: BLACI	7.5		
ED B													(
E	15. DECEDENT'S E (Specify only highest gr	rade completed)	(GIV	e kind of	Work done du se retired.)	ring most	t of workin	g	181	, KIND OF BUS	INESS/INDUS	TRY			
PLE	Elementary/Secondary (0-12) 9th	College (1-4 or 8	+)		WORKER	3				BETHLE	HEM ST	FFI	CODD		
COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA		Middle, Maiden			COICI		
	BUD DANCY							ARY I			,				
BE	19a. INFORMANT'S NAME (Type/Print)		19b.	. MAILING	ADDRESS (Street an				ber, City or Town	, State, Zip Co	de)			
5	ROSA - DANCY		2:	720	E. BI	DDL	ST	REET	/BAL	TIMORE	. MD	2121	3		
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 R	lemonal from State	20b. PLACE C	F DISPO				THE R. P. LEWIS CO., LANSING		-	CATION - City	or Town,	State		
	4 Donation 6 Other (Specify)	Tom State			FORE	STI	/ET	CEM		OW	INGS M	ILLS	, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY														
	> Gladus	War	ده		WM	. C.	. MA	RCH	F/H	1101 E	. NORT	H AV	ENUE		
	23. PART I. Enter the diseases, shock, or heart fellu	or complications the	at caused the dea	th. Do	not enter ti	he mod	le of dyl	ng, aucl	h aa car	diac or respi	ratory arres	t,	Approximete		
	IMMEDIATE CAUSE (Final	re. List only one ca	use on each line.										Interval Between Onset and Death		
	disease or condition resulting in deeth)	ISCHI	ISCHEMIC CARDIOMYOPATHY												
	,		OR AS A CONSEC												
NO	Sequentially list conditions, CARDIO PULMONARY ARREST														
ATI	oue to (or as a consequence of): If any, leading to immediate cause. Enter UNDERLYING														
5	CAUSE (Disease or Injury that initiated events	c	OR AS A CONSEC	UENCE O	PD:										
CERTIFICATION	resulting in death) LAST	9	0.000		•										
		- d.										Y			
Ä	PART II. Other algnificant condit	tions contributing to	death but not re	sulting	In the und	erlying	cause	given in	Part I.	24s. WAS AN PERFOR		MA	RE AUTOPSY FINDINGS MLABLE PRIOR TO		
Ö									_	1 TYES 2	□ NO		MPLETION OF CAUSE DEATH?		
M												1 (YES 2 NO		
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL									<u> </u>					
C	EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER:			EATH (Ch							
HYS	27. MANNER OF DEATH	28e. DATE O	ER/Outpatient 3	28b, TIA	4 Nursin	ng Home	_	aldence		SCRIBE HOW I	VIUBY OCCUI	RED			
	1 Natural 5 Pending	(Month,	Day, Year)		JURY M	WOR		¬ NO		, , , , , , , , , , , , , , , , , , ,					
84	2 Accident Investigation 3 Suicide 6 Could not	28e. PLACE	OF INJURY — At hon	ne, farm,	street, factor				28f. LO	CATION (Street 6	ATION (Street and Number or Rural Route Number,				
田田	4 Homicide determined		, etc. (Specify)						City	or Town, State)					
3	29a. CERTIFIER 1 CERTIFYING PL	IYSICIAN: To the best of	f my knowledge des	ith occur	and at the time	an data s	and place	and due	to the co	use(s) and man		_			
COMPLETED	anal	MINER: On the basis of											d manner as stated.		
	296. SIGNATURE AND TITLE OF CERTS	41	1	٧.	-			ENSE NUR							
8E	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	/ herd /	Lynn		my.			377		. 1	▶ 3.		onth, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON		ICE OF DEATH (ITEM	1 27) /3	- Defeat	_		J , .	- / -				,		
	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAL	SE OF DEATH (I IEM	(ar) (nypi	i, PTIFIC)										
	PAUL HAGAN, M.D.	VA MEDIO		R. F	TORT H	ΙΟѾΔΊ	RD	MD	210	52					

MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 hours after death. Progress TO THE FUNERAL DIRECTION After this certificate has been signed by the attending physician and completely filled in by the funeral be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner is

BE COMPLETED BY PH'

10

1 Netural
2 Accident
3 Suicide

4 Homicide

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

		4							9	0 0636	
	FOR 1 - STATE REGISTRAR	STATE OF I			TMENT OF	HEALTH AND		HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH	YEAR	3. TIME OF OEATH	
	Marion L.	Dilwor	th Sr.				Marc	h 10 19	7:00 A.M.		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	. 7. OATE OF	BIRTH	8. BIRTH	IPLACE (State or Foreign	
	214-20-0873	1 😿 M 2 🗆 F	65	YRS.	MONTHS DAYS	HOURS MIN.	(Month, E	7-1924	Count	ryland	
	9e. FACILITY NAME (If not institution, give s	treet end number)			96. CITY, TOWN	OR LOCATION OF			INTY OF E		
CTOR	1141 McHenry Dri	ve			Glen	Burnie		Ann	ne An	rundel	
2	RESIDENCE OF DECEDENT	E OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY									
DIRE										LIMITS?	
	Maryland Anne	Arundel		Li J	en Burn	OI. ZIP CODE		140-011	PIZEN OF I	1 YES 2 NO	
RA	1141 McHenry	Donisto			[-	21061					
FUNERAL	11. MARITAL STATUS		IT EVER IN U.S. AR	MED	12 WAS D		ANIC OBIGINA	Specify Yea or No-	J.S.A	E American Indian,	
	1 Never Married 2 Merried	FORCES?			If yes,	specify Cuben, Mexi	ican, Puerto Ric	en, atc.)	Blac	k, White, etc.	
ONCE.	3 Wildowed 4 Divorced		War II		10"	:5.2 M2 NO Spe	city:		Spec	White	
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL OCCUPAT	TION most of working	18b. K	ND OF BUSINESS/IN	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5	+) //a	Do NOT us	se retired.)						
	8th Grade		I	ody	Fender	-		Auto Re	pairs	3	
5 8	17. FATHER'S NAME (First, Middle, Last)							dle, Melden Surname)			
TO BE COM		ilworth					ssie	Riley			
9	19e. INFORMANT'S NAME (Type/Print)	7h						City or Town, State, Z		. 0.0/.	
pe u	Margaret Ann Di	Iworth	-					urnie, Ma			
nest	20e. METHOD OF DISPOSITION 1) Burlel 2 Cremetton 3 Removal from State 20e. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Cedar Hill Cemetery Baltimore. Mary										
-	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Cedar Hill Cemetery Baltimore, Maryland 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral										
examiner must	Ruhard & Davis Homes P.A. 4001 Ritchie Homes Baltim									Funeral	
e ex											
or other traumatic event, the medical	23. PART I. Enter the diseases, or compilicatione that caused the daeth. Do not enter the mode of dying, such ee cardiec or reepiratory arrest, abock, or haert fellure. Liet only one cause on each line.										
9	IMMEDIATE CAUSE (Final										
#	disease or condition resulting in death)	. Mu	2 tastat	20	Lun	1	eran	rema			
646		OUE TO	(OR AS A CONSE	DUENCE O	F):	0					
on after	Sequantially list conditions,	b	(OR AS A CONSE	DUENCE O	FI-						
r other traumatic	If any, leeding to immediate cause. Enter UNDERLYING		(0.1.10							i	
FIC	CAUSE (Disease or Injury that initiated events	c. OUE TO	(OR AS A CONSE	DUENCE O	F):						
PT OF	reaulting in death) LAST	d									
	DART II. Other elevitions condition										
shows any injury, : MEDICAL CE	PART II. Other algnificant condition			eaulting	1		In Part I. 2	PERFORMED?	246	AWAILABLE PRIOR TO	
E a	Chreny	Ren	al		hsea	21	— l¹	YES 2 NO		OF DEATH?	
Me										1 YES 2 NO	
A A	OF THE CASE DEPENDED TO THE										
r Item 23	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. OTHER:	PLACE OF OEATH (Check only one)				
	1 YES 2 AO	1 Inpatient 2	ER/Outpatient 3		4 - Nursing Ho	me 5 Residenc	1		2011077		
PHY	The second second	(Month, I		28b. TIM		NJURY AT VORK?	26d. OESCI	IBE HOW INJURY O	CURED		

29e. CERTIFIER (Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(s) and menner as stated.

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my continue death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, de

28e. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify)

29c LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 296. SIGNATURE AND TITLE OF CERTIFIER

m

1 YES 2 NO

ORATH (ITEM 27) (Type, Print)

34 REGISTRAR'S SIGNATURE 31. DATE MART 4 1990

6 Could not be determined

281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 pers after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely flight in by the hor manner of	2	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner mu
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	FOR STATE REGISTRAR		STATE OF N	MARYLAND /				EALTH DEAT			IYGIEN					
	1. DECF "TR NAME (First,	Middle, Last)								2. DATE OF MONTH		AY	VEAR	3. TIME OF	DEATH	
	NGU	V. DAG	0							3	Ĭ	T .	9 VEAR	7/7	7	AM
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER		7. DATE OF (Month, De			e. BIRTI	HPLACE (Stat	e or Fore	ilgn
	586-32-038	6	1/ M 2 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	JAN.		1916		VIETNA	M	
	9a. FACILITY NAME (If not in:	stitution, give str	eet and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF DE				NTY OF E			
E E	GOOD SAMARITAN HOSPITAL BALTIMORE								RE C	CITY		-		-		
DIRECTOR	RESIDENCE OF DEC					DIETHORE OTT										
H	10a. STATE	10b. COUNTY			10c. CIT		TMOT							10d, INSID	E CITY S?	
	MARYLAND						IMOR	<u></u>			1 K YES 2 □ N				10	
Z	10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?										TRY?					
FUNERAL	5933 BENTO	21206 U. S. A.														
ן הֱ	11. MARITAL STATUS		12. WAS DECEOEN FORCES? 1	T EVER IN U.S. AR	MED					IIC ORIGIN? (S		s or No-	14. RAC Blac	E — America	n Indian	1,
BY F	1 Never Married 2 X 3 Widowed 4 Divo		IF YES, GIVE Y					2 X NO			,, 510.7		Spec	offy:		
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		EDENT'S EDUC y highest grade o		16a. DE	ve kind of	work done	during mo	IN st of workir	ng	16b, KH	ND OF BU	SINESS/IN	DUSTRY			
삝	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)		ENTE					_					
COMPLET	NA 17. FATHER'S NAME (First, M.	1	NA		Onid	EMIL	117									
	NGU V. DAO	iodie, Last)						1			Middle, Maiden Surname)					
BE		200		100						KNOWN						
2	19a. INFORMANT'S NAME (7)			-TN- I						Route Number,	-			12		
	JOSEPH SIEN		SKI LA	- 1						BALTIMO	_					
20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or young state) 20c. LOCATION — City or Town, So other place) PARKWOOD CEMETERY BALTIMORE, MD																
4 □ Donetion 5 □ Other (Specify) PARKWOUD CEMETERY BALT 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY						01 111C	, к.	rib.								
	h	λ	4			SC	HIMU	NEK	FUNE	RAL H	OMES	, INC				
S. C. S.	1/11/10	20	fris			33	31 E	REHM	IS LA	NE, B	ALTI	MORE,	MD.	. 2121	.3	
	23. BART i. Enter the di	lseeses, of or	ompiicatione the	t coused the de	ath. Do	not anta	tha mo	de of dy	ing, suc	h es cardiec	or rasp	iratory sr	rest,		roximst	
	IMMEDIATE CAUSE (Fin			JOO DII OUGII IIIO											et and	
	disease or condition resulting in death)	→ .	Ser	OR AS A CONSEC	100	Lida	Tron	inald	(ر							
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Z	Sequentially list conditions, DUE TO (OR AS A CONSCOUENCE OF):															
CERTIFICATION	If any, leading to immediate															
2	cause. Enter UNDERLYI CAUSE (Disease or inju		. Un	luria	10	Ku	wal	la	lun	L						
	that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSEC	DUENCE O	F):		V						i		
		d												_ 		
51 ~ 1	PART ii. Other eignifica	nt conditions	contributing to	death but not r	eauiting	In the u	ndarlying	cause :	given in	Part i. 24		AUTOPSY	24	b. WERE AUTO		
2											PERFO	/		COMPLETIO	ON OF CA	
										_ '	120	10		OF DEATH?		0
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AN	25. WAS CASE REFERRED TO	O MEDICAL					26 PI	ACE OF D	DEATH (Ch	eck only one)						
	EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ DO4	OTHE	R:									
PHYSICIAN: MEDICAL	27. MANNER OF DEATH		26a. DATE OF		20b. Til		28c. INJ		esiderica	6 COther (S		INJURY OC	CURED			
6 1		Pending	2 (Month,	Pay, Year)		JURY 7 3 M	1 🗆 Y	RK?	≥⁄no				,500 (300)			
BY	2 Accident investigation 2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1															
		Could not be determined	building.	atc. (Specify)						City or 1	own, State)			-	
	29a. CERTIFIER	PIEVING SUVE	MANIE TO 15	lam base to the	- the re	4 7 7										
COMPLETED	(Check only		CIAN: To the best of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control of a control											(a) and mac-		nted
8				THE STATE OF	vontrigati	wii, iii iiiy	Optimuli, C				, prace, a					ned.
B	296. SIGNATURE AND TITLE	OF CERTIFIER	March	11				29c. LIC	ENSE NUI	MBER		29d. DA	TE SIGNE	D (Month, Den	(Mar)	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Stree Gript)								10								

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 after death. Page 6 may be maintent by	PHO	200	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at a
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H	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	=

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MA		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Mid	DERRY, JR.			2. DATE OF DEATH DAY		3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday) IF	UNDER 1 YEAR	03 09	90 A BIE	THPLACE (State or Foreign		
215-56-1351	1 🔀 M 2 🗆 F	40 YRS. MO	NTHE DAYS HOURS MIN.	(Month, Day, Year) 07 16 4	9 M	(ARYLAND		
9a. FACILITY NAME (If not institut	-		CITY, TOWN OR LOCATION OF D	EATH	9c. COUNTY OF	F DEATH		
RESIDENCE OF DECED	OUNTY GENERAL		HAGERSTOWN DWN OR LOCATION		WASHI	NGTON 10d. INSIDE CITY		
MARYLAND		ioc. Cit t, i	BALTIMORE	->-				
10e. STREET AND NUMBER		1	101. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?		
3934 ELM			21211		U	SA		
1 Never Married 2 Married FORCES? 1 X YES 2 NO If)			13. WAS DECENDENT OF HISPAL If yes, specify Cuban, Mexica 1 YES 2 NO Specifi	in, Puarto Rican, atc.)	(8)	ACE — American Indian, leck, Whita, etc. secily: WHITE		
15. DECEDE	NT'S EDUCATION	18a. DECEDENT'S USI		16b. KIND OF BUS	INESS/INDUSTRY			
Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	done during most of working tired.)					
12TH	(MASTER E	LECTRICIAN	ME (First, Middle, Maiden S				
JACK W. DERI	•			2 11 to 1000 No =	surname)			
19a. INFORMANT'S NAME (Type/F		19b. MAILING AD	ALICE DRESS (Street and Number or Rural		, State, Zip Code)			
ALICE DERRY		3331 BE	ECH AVENUE, BA	LTIMORE, M	2121	1		
20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 4 Donation 5 Other (Spe		20b. PLACE OF DISPOSITE WOODLAWN C	ON (Name of cemetery, cremetory or CEMETERY		TIMORE,	Town, Stata MARYLAND		
21. SIGNATURE ON FUNDIRAL SE	RVICE LICENSEE	lman	22. NAME AND ADDRESS OF FA A. ALAN SEIT 3615-19 CHES	Z, JR. FUN				
shock, or heart IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions if any, leading to immediat	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (DISease (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (Disease or Injury CAUSE (DISease (Disease (Disease (Disease (Disease (Disease (Disease (Disease (Disease (Disease (Disease (Disease (Disease (Disease (Disease (Disease (Disease (Disease (Disease (Disease (Disease (Disease (Disease (Disease (Disease (Disease (Disease (Disease (Disease (Disease (Disease (Disease (Disease (Disease (Disease (Disease							
	d. conditions contributing to de	eth but not resulting in t	the underlying cause given in	Part I. 24e. WAS AN PERFORI 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 WHO		
25. WAS CASE REFERRED TO MI	HOSPITAL:		28. PLACE OF DEATH (C	heak only one)				
1 YES 2 NO	1 - Inpetient 2 - E	R/Outpatient 3 DOA 4	THER: Nursing Home 5 Residence					
27. MANNER OF DEATH 1 Chatural 5 Pend 2 Accident Inve	28a. DATE OF IN. (Month, Day, stigation	JURY 28b. TIME O Year) INJUR	PF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCURED)		
3 Suicide 8 Cou	id not be rmined 28e. PLACE OF II building, atc	NJURY — At home, farm, stre . (Specify)	et, tactory, office	28t. LOCATION (Street a City or Town, State)	nd Number or Rui	ral Route Number,		
CONSCR OTHY			it the time, data and place, and du			se(s) and menner as stated.		
29b. SIGNATIONE AND SITLE OF		.0)	29c LICENSE NU			NED (Month, Day, Year)		
30. NAME AND ADDRESS OF PE	RSON WHO COMPLETED CAUSE			(()	- //	10/75		
31. DATE FILED (Month, Day, Year	19.0 916 32. REGISTRAR'S		ST. Horg	espor	W2/	4021742		
MAR 1 / 1000	10 8	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s						

DHMH-16 Rev 1/89

th. Page 6 may be retained by the hospital or attending physic	
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2	-
certificate be executed within	
aw requires that the deatl	
R ATTENDING PHYSICIAN: The I	
	AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEA CERTIFICATE OF DI	
	1. DECEDENT'S NAME (First, Middle, Last) SARAH	2. DATE OF DEATH DAY 9. YEAR 3. TIME OF DEATH AM
		UNDER 24 HRS. 7. DATE OF BIRTH URS MIN. (Month, Dey, Year) URS MIN. (Month, Dey, Year)
	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LC	OCATION OF DEATH 9c. COUNTY OF DEATH
TOR	DINGI HOSPITAL Greens	pring+ Belwidere
DIRECTOR	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY JIMITS?
	MARYLAND BALTIMORE 101. STREET AND NUMBER 107. ZIP	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBED	21209 45A
	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify	ENT OF HISPANIC ORIGIN? (Specify Yes or No— Cuben, Mexican, Puerto Rican, etc.) NO Specify: Specify: Specify:
ED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION	WHITE 166. KIND OF BUSINESS/INDUSTRY
COMPLETED	(Specify only highest grade completed) Etementary/Secondary (0-12) College (1-4 or 6 +) Give kind of work done during most of life. Do NOT use retired.) HOUSEWIF	DONECTIA
COM	17. FATHER'S NAME (First, Middle, Lest)	MOTHER'S NAME (First, Middle, Malden Surname)
BE	Jubner F 190. yr Margaret Cramer 190. 9472 Keepsake	hna Bronfen Way Columbia, MD., 21046
유	Vera Cohen 2905 Falls	Tatt KI Dalt My 21207
	20s. METHOD QF DISPOSITION 1	y, cremetory or 20c. LOCATION — City or Town, State TORY, INC BALTIMORE MD
		DDRESS OF FACILITY
	Michael F. marzello	
	23. PART I. Entar the diseasea, or complications that caused the death. Do not antar the mode shock, or heart failure. List only one cause on each line.	of dying, such as cardiac or reapiratory arrest, Approximate Interval Between Onset and Death
	MMEDIATE CAUSE (Finel disease or condition resulting in deeth) e. CARDIAC ARCES	
	DUE TO (OH All A COASEQUENCE OF):	GILURE.
TION	Sequentially list conditions, if any, leading to immediate Due TO (OR AS A CONSEQUENCE OF):	
FIC	CAUSE (Disease or Injury that initiated events CAUSE (Disease or Injury that initiated events	
CERTIFICATION	resulting in death) LAST	
	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ca	PERFORMED? AVAILABLE PRIOR TO
MEDICA		1 U YES 2 NO COMPLETION DF CAUSE OF DEATH?
PHYSICIAN:	EXAMINER? HOSPITAL: OTHER:	E OF DEATH (Check only one) G Residence 6 Other (Specify)
PHYS	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY WORK?	AT 28d. DESCRIBE HOW INJURY OCCURED
B	2 Accident Investigation 28e, PLACE OF INJURY — At home, farm, street, factory, office	2 NO 261. LOCATION (Street and Number or Rural Route Number,
ETED	3 Suicide 6 Could not be 4 Homicide determined building, etc. (Specify)	City or Town, State)
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death	
BE C	296. SICONATURE AND TITLE OF CENTIFIES	c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	1-3/6/10
	Singi Hospital	
	MAR 1 4 1990	

15020 03

Just 6

3. TIME OF DEATH

8:00 p

Frances E. Engler

2. DATE OF DEATH MONTH

11

90

MARYLAND 21203-3146

BALTIMORE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page to THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral direct DIVISION OF VITAL RECORDS, P.O. BOX 13146,

l		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1 Y	-	IF UNDER 24 HRS.		OF BIRTH h, Day, Year)		6. BIRTHPLAC	E (State or Foreign
		215-07-6783	1 🗆 M 2 🔀 F	81	YRS.	MONTHS	MYS	HOURS MIN.		-18-09		Mary	Land
		9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TO	OWN OR	LOCATION OF			9c. COUN	TY OF DEATH	
	HC H	1623 Parkman Aver	nue			Ва	1ti	more C	ity				
	CTOR	RESIDENCE OF DECEDENT	,		10- 0	Y, TOWN OR						1 46.4	, INSIDE CITY
	DIRE	10e. STATE 10b. COUNTY	•		IQC. CIT								LIMITS?
		Maryland 10e. STREET AND NUMBER			1	Balti	_	ZIP CODE			10a OT-	1 5	YES 2 NO
	FUNERAL						101.		2				COUNTRY
- 1	N N	1623 Parkman Ave	Y	NT EVER IN U.S. AI	DMEO	12 140	S DECE	2122		M2 (Specify Vac		S.A.	American Indian.
- 1	5	1 Never Merried 2 Merried	FORCES?	YES 2 X	2 NO If yes, specify Cuben, Mexicen, Puerto Ri								ilte, etc.
	BY	3 🙀 Widowed 4 🗌 Divorced	IF YES, GIVE	MAN ON DATES		''	TES 2	z LKNO spe	ary:				nite
		15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. D	ECEDENT'S	USUAL OCCI	UPATION	N t of working	168	. KIND OF BUS	INESS/IND	USTRY	
		Elementery/Secondery (0-12)	College (1-4 or 5	196	e. Do NOT u	se retired.)	ing musi	(or working					
	COMPL	9th grade			Fact	ory-Br	ush	1		Pittsb	urgh	Paints	3
90	S	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S	AME (First,	Middle, Melden	Surname)		
# P	W	Frank Ebberts						Lizzi	e Zig	1er			
¥	10 B	19e. INFORMANT'S NAME (Type/Print)		11				d Number or Run					
, 1	- 1	Frank J. Pettie					_	hts Av					
1		20a. METHOO OF DISPOSITION ,1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Rem	oval from State	other p	place)			etery, cremetory o	•			City or Town,	State
or removal. medical examiner mu		21. SIGNATURE OF FUNERAL SERVICE LIK		_ Lo	oudon			etery	EAGU PRO	Bal	timor	e, MD	
mine			//	(A)		Hu	bba	rd Fun	eral	Home,	Inc.		
. Ē		levesa	T	TYP	X			Wilken		_		e, MD	21229
or removal.		23. PART I. Enter the diseases, or ehock, or heart failure.				not antar th	a mod	da of dylng, s	ich aa car	diac or reapi	ratory arr	est,	Approximate Interval Between
		iMMEDIATE CAUSE (Final	List only one ce	//	- 0								Onset and Death
the the		disease or condition reaulting in deeth)		Aser									Jeans
vent		readiting in deetily	DUE T	(OR AS A CONSI	EOUENCE (OF):							
giene prior to burial, cremation, other traumatic event, the	Z	Sequentially list conditions										V	
or to	ERTIFICATION	Sequentielly liet conditions, If any, leading to immediate											
e prio	2	ceuse. Enter UNDERLYING C. OUE TO (OR AS A CONSEQUENCE OF):											
Hygiene or other	E	thet initiated events resulting in deeth) LAST											
	Ü		d										
of Health and Mental shows any injury, o		PART ii. Other significant condition	ns contributing t	o deeth but not	resulting	in the und	erlying	cauae given	in Part i.	24a. WAS AN PERFOR			RE AUTOPSY FINDINGS IILABLE PRIOR TO
any	MEDICAL											MPLETION OF CAUSE DEATH?	
f Hea	W											1 [YES 2 NO
Dept. of	AN:												
State De	\overline{o}	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		ACE OF DEATH	Check only o	one)			
ne Str	YSI	1 TYES 2 NO	1 Inpatient 2	☐ ER/Outpatient	V	4 🗆 Nursir	g Home	5 Resident	7				
filed within 72 hours after death with the State PORTANT: If item 28 is marked, or item	РНУ	27, MANNEB OF DEATH	26a. DATE ((Month,	FINJURY Day, Year)	26b. Ti	ME OF 2	6c. INJL WOI	RK?	28d. Di	SCRIBE HOW	NJURY OC	CURED	
mark	ВУ	1 Natural 5 Pending 2 Accident Investigation				М		ES 2 NO					
er de	۵	3 Suicide 6 Could not be	28e. PLACE building	OF INJURY — All I g, etc. (Specify)	nome, farm,	street, factor	y, office		261. LO	CATION (Street y or Town, State)	end Number	or Runti Route	Number,
rs aft	ETE	4 Homicide determined											
bour !	COMPLET	29e. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best	of my knowledge, o	death occur	rred at the tim	e, dete	end place, end	lue to the c	suse(s) end me	nner as stat	led.	
hin 72 NT: H	O	one) 2 MEOICAL EXAMIN	ER: On the basis of	examination end/o	r investigat	ion, in my opi	nion, de	eath occured at	the time, da	te and place, ar	nd due to th	ne cause(e) an	d manner as stated.
be filed within 7	ш	29b. SIGNATURE AND TITLE OF CERTIFIE	H / 14					29c. LICENSE I		-	29d, DAT		onth, Day, Year)
MPC	0	10	VT	n	- 1	0		N	74	37		3/3	10
	5	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CA	USE OF OEATH (IT	EM 27) (7y)	e, Print)							
		Hiroshi Nakazawa	M.D.	3350	Wilk	ens Al	le.	Balt	imore	, MD 2	1229		
		3 MART 4 1990 (607) 5	人人的思想	WE ASHAU	2								
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral distribution of removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner in
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	FOR STATE REGISTRAR		STATE OF N					EALTH AND N	MEN	TAL HYGIENI REG. NO.	E		
1	1. DECEOENT'S NAME (First,	Middle, Last)			11					ATE OF DEATH			TIME OF DEATH
	man	FO	RSTE	ß						03 13	Y	YEAR 90	17 70 0 4
	4. SOCIAL SECURITY NUME	-	5. SEX	6. AGE (In yrs. le	est hirthday)	IF UNDER 1	YFAR	IF UNDER 24 HRS.	_	ATE OF BIRTH			ACE (State or Foreign
	577 23 3883	2.5	1 M 2 X F				DAYS	HOURS MIN.	(A	Aonth, Day, Year)		Country)	
			- 11	87	THS.					/5/1902			ngton, DC
	9a. FACILITY NAME (If not institution, give street and number)					9b. CITY,	TOWN C	R LOCATION OF DE	ATH		9c. COUNT	TY OF DEAT	гн
8	Suburban Hospital					Betl	nesc	la			1	Montg	omery
DIRECTOR	RESIDENCE OF DECEDENT 109. STATE 109. COUNTY			Lucia	10c. CITY, TOWN OR LOCATION				1			A MINISTER OFFI	
뿐	10a. STATE	10b. COUNTY										10	d. INSIDE CITY LIMITS?
	D. C.	none	1			Wasl	ning	gton				**	X YES 2 NO
FUNERAL	10e. STREET AND NUMBER						101	. ZIP CODE	10g. CITIZEN OF			EN OF WHA	AT COUNTRY?
띪	471 6 Massac	husett	s Avenue	, N. W.				20016			Uni	ted S	tates
<u> </u>	11. MARITAL STATUS		12. WAS DECEDER					ENDENT OF HISPAN			or No-	14. RACE -	American Indian, Vhite, atc.
							Spacify:						
B	3 Widowed 4 Divo	rced						122			- 1	W	hite
	15. DEC	EDENT'S EDU	CATION	16a. E	ECEOENT'S	USUAL OC	CUPATIO	ON at of working		16b. KIND OF BUS	INESS/INOL	JSTRY	
ᆸ	Elementary/Secondary (College (1-4 or 5		le. Do NOT u	se retired.)	any no	St U WORKING					
립	12 years				House	ewife		Own Home					
COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)						16. MOTHER'S NA	ME (F	irst, Middle, Malden	Surname)		
<u></u>	Sheftel Abr	aham S	okolsky					Mol1v	So	loveichi	k		
TO .BE	19a. INFORMANT'S NAME (Ta	9b. MAILING	G ADDRESS	(Street a	and Number or Rural I	_			Code)	
임	Dr Stanley	ΔEC	retar		8606	React	htra	e Road	Ro	theeda	Marso	land	20816
Dr. Stanley A. Forster 20e. METHOD OF DISPOSITION 1 Deniation 5 Other (Specify) 20e. Termation 3 Removal from State 4 Deniation 5 Other (Specify) 20e. LOCATION - City or Town, other place) Bnai Israel Congregation Cemetery Oxon Hill,													
1	21. SIGNATURE OF FUNERA		ENSEE	- Dual	Israe			ND ADDRESS OF FA			JXOII	77 1 1 1	Maryland
4. 4	21. SIGNATURE OF TURBU	d d	. 0-		- 1						EMORI	AL FU	NERAL HOME
	900	rald	42.	Mu	en	23	2 C	ARROLL ST	FRE	ET. N.W	WA	SHING	TON. D.C.
	23. PART I. Enter the d					not enter	the mo	de of dying, suc	h ss	cerdisc or respi	ratory srre	est,	Approximate
	shock, or h		List only one ca	use on each III	ne.	7 (1	1	0	11	,		Interval Between Onset and Death
	disesse or condition	-	(01	OKI	18	M	de	1 - Das		wels	1		1 22 Com
	resulting in death)		DUE TO	OF AS A CONS	EQUENCE (ma /	7	in the	1	ye	V		
_		_	CO	LOLAK	in a	00	28/	moret	6	colder			
0	Sequentially list condi-		DONE TO	OR AS A CONS	EQUENCE	OF):	4						1
A	If any, leading to imme cause. Enter UNDERLY												
5	CAUSE (Disease or Injuthat Initiated events	ury	C. DUE TO	OR AS A CONS	EQUENCE (OF):							
Ē	resulting in death) LAS	ST T											1
CERTIFICATION			d										1
AL (PART II. Other algorific	ant condition	contributing to	daath but no	t resulting	In the un	derlyin	g cause given in	Part				VERE AUTOPSY FINDINGS
S	Am	este	unin	,						PERFOI		C	OMPLETION OF CAUSE
ED	0/20	Ilm	Pa 1.	the 1	ma	len	m			10,123	S. M.		F DEATH?
5	7000	2000			,,,	0010-	-		_			1 '	YES 2 NO
	ž Z									ati anal			
AN:		70 14501041	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
ICIAN: 1	EXAMINER?	TO MEDICAL	HOSPITAL:		OTHER: 1 YES 2 SHO 1 Papellent 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)								
YSICIAN: 1	EXAMINER?	TO MEDICAL	1 Impatient 2			_			-		N 4100 000	WIDE O	
PHYSICIAN: MEDIC	EXAMINER? 1 YES 2 NO 27, MANNER OF DEATH		1 Impatient 2		28b. Ti	_	28c. IN.	JURY AT ORK?	-	, DESCRIBE HOW	NJURY OCC	UREO	
	EXAMINER? 1 YES 2 YAO 27, MANNER OF DEATH	Pending Investigation	1 3 Inpatient 2 28a. DATE 0 (Month,	F INJURY Day, Year)	28b. Ti	ME OF	28c. IN. W	JURY AT ORK? YES 2 NO	280	I. DEŞCRIBE HOW			
BY	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8	Pending Investigation	28a. DATE O (Month,	F INJURY	28b. Ti	ME OF	28c. IN. W	JURY AT ORK? YES 2 NO	280		and Number		ute Number,
ED BY	EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Natural 5 2 Accident	Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year) OF INJURY — At	28b. Ti	ME OF	28c. IN. W	JURY AT ORK? YES 2 NO	280	LOCATION (Street	and Number		ute Number,
ED BY	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER 1 NETER	Pending Investigation Could not be determined	28a. DATE O (Month,	F INJURY Day, Year) OF INJURY — At I, etc. (Specify)	28b. Ti	ME OF IJURY M	28c. IN. W 1 ory, office	JURY AT ORK? YES 2 NO	284	I. DESCRIBE HOW LOCATION (Street City or Town, State	and Number	or Rural Ro	ute Number,
ED BY	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only)	Pending Investigation Could not be determined	28e. DATE O (Month, 28e. PLACE building	F INJURY Day, Year) OF INJURY — At I, etc. (Specify) of my knowledge,	28b. Ti	ME OF LIURY M	28c. IN. W	JURY AT ORK? YES 2 NO	281 281	LOCATION (Street City or Town, State	and Number	or Rural Ro	ute Number,
COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only one) 2 MEI	Pending Investigation Could not be determined ITIFYING PHYS	28e. DATE 0 (Month, 28e. PLACE building	F INJURY Day, Year) OF INJURY — At I, etc. (Specify) of my knowledge,	28b. Ti	ME OF LIURY M	28c. IN. W	JURY AT ORK? YES 2 NO	28d	LOCATION (Street City or Town, State, to cause(a) and ma , data and place, as	and Number	or Rural Roo ed. e cause(a)	
ED BY	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only)	Pending Investigation Could not be determined ITIFYING PHYS	28e. DATE 0 (Month, 28e. PLACE building	F INJURY Day, Year) OF INJURY — At I, etc. (Specify) of my knowledge,	28b. Ti	ME OF LIURY M	28c. IN. W	JURY AT ORK? YES 2 NO De a and place, and dudenth occured at the	28d 28f	LOCATION (Street City or Town, State, ne cause(a) and me , data and piece, as	and Number	or Rural Roo ed. e cause(a) (and manner as stated.

50 W. RDMONSTON DR. # 602,

PERSON WHO COMPLETED C

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WAR'1 4 1990

ROCKVILLE, MD 20850

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Invits after death. Page IV	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral difference filed within 72 hours after death with the State Deot, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner mu
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Ann M. Dixon, M.
31. DATE FILED (Month, Day, Year)
MAR1 4 1990

32. REGISTRAR'S SIGNATURE

	FOR 1 STATE	STATE OF M				HEALTH AND I					0000	
П	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			ERIIF	ICATE OF	DEATH	2. DATE OF	DAY		AR	TIME OF DEATN	
	ALMA 4. SOCIAL SECURITY NUMBER	5, SEX	6. AGE (In yrs. I	look blash davik	FORD	IF UNDER 24 HRS.	7. DATE OF	10	199		0:45 A M	
	212-01-1098	1 M 2 T F	95	YRS.	MONTHS DAYS	HOURS MIN.		Day, Year)		Country)	o. Md.	
OR	9a. FACILITY NAME (If not institution, give si 4238 Sheldon AV					or Location of DE altimore	EATH		9c. COUNTY	OF DEATH	1	
[לַ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION									1 22		
DIRECTOR	Md.		Baltimore						10d. INSIDE CITY LIMITS? 1 TYPES 2 NO			
FUNERAL	10e. STREET AND NUMBER	4238 She	ldon Av	enue	10	H. ZIP CODE 2120	16		10g. CITIZEN	U.S		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		T EVER IN U.S. ARMED ☐ YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) If □ YES 2 NO Specify:						Yea or No- 14. RACE - American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5		DECEDENT'S (Give kind of life. Do NOT us	USUAL OCCUPATI work done during m se retired.)	ON ost of working	16b. K	IND OF BUS	INESS/INDUST	TRY	WIIICC	
릴	8th Grade		Но	me Ma	ker							
ğ	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S NA	ME (First, Mic	ldle, Maiden S	Surname)			
BE 0	Bernard H. Li	nneman				Therese	Mari	e Sel	lingo1	ngoloh		
5 B	19a. INFORMANT'S NAME (Type/Print) Robert B. Ford					and Number or Aural		City or Town	, State, Zip Cod	de)		
	20s. METHOD OF DISPOSITION 20s. METHOD OF DISPOSITION 20s. LOCATION — City or Town, S other place) 20s. LOCATION — City or Town, S									State		
	4 Donation 5 Other (Specify) Parkwood Cemetery Baltimo									more	,Md.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	hill	Luy	Ly		C. Mille		-	415 Be altimo			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final											
	disease or condition reaulting in death)	a		osclerotic cardiovascular disease							Onset and Death	
NOI	Sequantially ilat conditions, if any, leading to immediate	bDUE TO	(OR AS A CONS	EOUENCE O	F):							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO	DUE TO (OR AS A CONSEQUENCE OF):									
E	reaulting in death) LAST	d										
	PART ii. Other significant condition	a contributing to	death but no	t reaulting	in the underlyin	ng cause given in	Part I. 2			24b. WEI	RE AUTOPSY FINDINGS	
MEDICA	_Alzheimer's dis	ease			-			PERFORI		COI	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
							— I	inspec	tion	1 [YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. F	LACE OF DEATH (Ch	neck only one)					
YSI	1X YES 2 NO	1 Inpatient 2	☐ ER/Outpatient	3 🗆 DOA		me 5 Realdence	6 🗆 Other (Specify)				
ву РН	27. MANNER OF DEATN 1 XNetural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, L	NJURY Pay, Year)	26b. TIN	JURY W	JURY AT ORK? YES 2 NO	28d. DESC	RIBE NOW IN	JURY OCCUR	ED		
	2 Accident 3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office City or lown, State)								Number,			
COMPLET	29e. CERTIFIER 1 CERTIFYING PNYSI CORO					a and place, and due death occured at the				nuse(a) and	d manner as stated,	
BE C	296. SIGNATURE AND TITLE OF CENTREE	in A				29c. LICENSE NUI	MBER	T	29d. DATE SI	GNED (Mo	nth, Day, Year)	
OCME 3-11-90 30. NAME/AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)									0			

111 Penn St., Balto., MD

be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after dis	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completaly filled in by the be flied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the mediteal earn

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICUS

- STATE REGISTRAR		CE	RTIF	CATE OF	DEAL	Н		REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
Agnes Gawthrop	I and I						03	3 0	7	10	4:151
214-30-3000	8. SEX 1 M 2 XXF	8. AGE (In yrs. less 87	YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS 2	MIN.		OF BIRTH	02	Countr	PLACE (State or Foreign y) yland
De. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TOWN			ATH		9c. COU	NTY OF O	EATH
Union Memorial E	Hospital_			Baltim	ore c	ity					
De. STATE 10b. COUNTY			10c. CITY	Y, TOWN OR LOCA	ATION						10d. INSIDE CITY
Maryland			Ba	ltimore							1XXYES 2 NO
3801 Kimble R	d.			11	2121	.8				.S.A	what country?
1. MARITAL STATUS Never Merried 2 Married Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 (IF YES, GIVE WI	YES 2 N	MED	If yes, s	CENDENT OF pecity Cuben S 2 A NO	HISPANI Mexican Specify:	C ORIGIN , Puerto 1	? (Specify Ye lican, stc.)	s or No—	14. RACI Blaci Speci	- American Indian, c, Whiteatc. by.White
15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S	USUAL OCCUPAT	ION past of working		18b.	KIND OF BU	SINESS/INI	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+) 4yrs.			vork done during it to retired.) 1 Teach							
7. FATHER'S NAME (First, Middle, Last)								Alddie, Maiden			
James P. Kel	Ley							Linds			
Elizabeth Lears		198		Ruxway						p Code)	
R-METHOD OF DISPOSITION		20b. PLACE		ake Vie					CATION	City or To	wn, Stats
ABurial 2 Cremation 3 Ram				ake vie	w ceme	eter;	У	S	ykesv	ille	,Md.
I. SIGNATURE OF FUNERAL SERVICE LIC	Robert	M. Krat	z	22. NAME / MIT	Chell-	Wie	defe	1d Ho	ne In	ıc.	
Goleston	Krie	1		65	00 You	k R	d. 2	1212			
23. PART I. Enter the diseees, preshock, or heert fellure. MMEDIATE CAUSE (Final diseese or condition equiting in death)	a. Pre	OR AS A CONSEC	ia								Approximate interval Betwee Onset and De
Sequentially list conditions, fany, leading to immediate	b	OR AS A CONSEC	DUENCE OF	F):							
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF	F):							
PART II. Other algorificant condition Dementia	ns contributing to	death but not r	resulting i	in the underlyi	ng cause gl	lven in i	Part I.	24a. WAS AI PERFO	RMED?	246	WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSI DF DEATH?
Darrama									2 10	DI DENIII	
<u> </u>									7		1 TYES 2 X NO
				20.1	DI ACE OF DE	STM (Cha	ok only or				. /
	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	PLACE OF DE			ee)			. /
S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	1 Impatient 2 28s. DATE OF		28b. TIM	OTHER: 4 Nursing Ho	me 8 Res		8 🗆 Othe	ee)		CURED	. /
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Notural 8 Periding	1 Inpatient 2 🗆	INJURY	28b. TIM	OTHER: 4 Nursing Ho E OF 28c. IN	me 8 🗆 Res	idence	8 🗆 Othe	r (Specify)		CCURED	. /
S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO MANNER OF DEATH 1 Netural 8 Pending	289. DATE OF (Month, De	INJURY	28b. TIM	OTHER: 4 Nursing Ho E OF 28c. IF URY M 1	me 8 Res	idence	8 Othe 28d, DES 28f, LOC	r (Specify) SCRIBE HOW	INJURY OC		. /
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	28s. PLACE OF building, 4	INJURY y, Year) F INJURY — At ho etc. (Specify) my knowledge, de	28b. TiM INJ me, ferm, s	OTHER: 4 Nursing Ho E OF 28c. In IURY M 1 street, factory, off	IT IT IT IT IT IT IT IT IT IT IT IT IT I	NO and due	28d, DES 28f, LOC City	r (Specify) GCRIBE HOW ATTON (Street or Town, State	and Number	or or Rural	1 VES 2 NO
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Fage o	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct	
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MIDIE	npletely	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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care	physic	e prio
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TEN	CTOR:	after

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A SECULIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) CON GREENHOUSE 2. DATE OF DEATH MONTH DAY YEAR 1. 1997 6-308 M										
18	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) New York										
TOR	9s. FACILITY NAME (If not institution, give street and number) 9° CITY TOWN OR I COATION OF DEATH Holy Cross Hospital Silver Spring Montgomery RESIDENCE OF DECEDENT										
DIRECTOR	10a. S*ATE 10b. COUNTY 10c. CTY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland P.ince Courge's College Park 10d. INSIDE CITY LIMITS? Test 2 □ NO										
FUNERAL	100. STREET AND NIV ER 9346 Cherry Hill Road . 20740 United States										
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Vorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 NO IF YES, GIVE WAR OR DATES 13. WIAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cub										
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 4 years 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Electronic Federal Government										
BE COM	17. FATHER'S NAME (First, Middle, Last) Joseph Greenhouse 16. MOTHER'S NAME (First, Middle, Malden Surname) Lena Rubin										
TO B	196. INFORMANT'S NAME (Type/Print) Samuel W. Greenhouse 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 299.2 1724 Ladd St. Silver Swins Md.										
ı	20s. METHOD OF DISPOSITION 1										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 2. NAME AND ADDPTON OF FACILITY DONALD M. STEIN HEBREW MEMORIAL FUNERAL HOME 2.32. CARROLL STREET N. W. WASHINGTON D. C.										
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heert failure. List only one ceuse on each line. Approximate interval Between Onset and Death Onset and Death										
	disease or condition a. Resturation Faulting in deeth) a. Resturation Faulting Faultine But to consciuence on										
CATION	Sequentially list conditions, if eny, leading to immediate couse. Enter UNDERLYING b. Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lung Concer 8 minutes Dissemmented lu										
CERTIFICATION	CAUSE (Disease or injury that initisted events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. COO nay artery disease										
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Hypotheria (Conditions) Rencel Lander 1 (1) YES 2 (1) AND 1 (246. WAS AN AUTOPSY PINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO										
	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? M 1 TES 2 NO										
ETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLE	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated.										
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER W. FARR M.D. D32247 296. LICENSE NUMBER 296. DATE SIGNED (Morth, Day, Year) 3 : 1) - 90										
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (Type Print)										

Secured be detached for use as the bunial-transit permit, Pages 1, 2, 3 should retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 miny TD THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examines must DIVISION OF VITAL RECORDS, P.O. BOX 13146,

•	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
_	DECEMBER 15 AND 1 A		

1 - STATE REGISTRAR	SIAIE UP B	C			OF DEA		MENIAL	REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last) QUANDA GAMBLILL 2. OATE OF MONTH D 3							D/	")	40	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. ia	st birthday)	IF UNDER 1 Y	YEAR IF UND	ER 24 HRS.	7. OATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)		
219-32-7891 9a. FACILITY NAME (If not institution,		51	THS.	9b, CITY, TO	OWN OR LOCA	TION OF D		-4-38	9c. COL	INTY OF DE	Md.
	treet				alto.						
1815 E. 29th S RESIDENCE OF DECEDEN 10a. STATE 10b. CO			10c. CIT	Y, TOWN OR	LOCATION					- 1	10d. INSIDE CITY
Md.				Balto	•						LIMITS?
100. STREET AND NUMBER	1 0 1	C 1			10f. ZIP CO				10g. CIT		HAT COUNTRY?
1815 E. 29th S	12. WAS DECEDEN		RMED	13. WA	S DECENDENT	218 OF HISPA	NIC ORIGIN?	(Specify Yes	or No	US A	- American Indian.
1 Never Married 2 Married 3 Wildowed 4 Diverced		YES 2 X		If y	es, specify Cui	oan, Maxica	en, Puerto Ri			Specify Black	— American Indian, White, etc.
15. DECEDENT'S (Specify only highest		(0	ECEDENT'S Give kind of e. Do NOT u	USUAL OCC	UPATION ing most of wor	king	16b.	KIND OF BUS	SINESS/IN	DUSTRY	
15. DECEDENT'S (Specify only highest Elementary/Secondery (0-12) 17. FATHER'S NAME (First, Middle, Las	College (1-4 or 5	F)		loyed							
17. FATHER'S NAME (First, Middle, Las								iddle, Malden	Surname)		
Aaron Johnson 1981. INFORMANT'S NAME (Type/Print)			D. 444 II IAW	1 1 DDDT00 //	Street and Numb		le Mun		- 0 7	(- 0 · v/·)	
Trenessa Gamb	rill	11			9th St					218	
20e. METHOD OF DISPOSITION 1 💢 Burlel 2 🗆 Cremellon 3 🗆	Removal from State	20b. PLACE	of DISPO	SITION (Name	of cometery, or	ematory or				City or Tow	
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	7	g men	22. NA	ME AND ADDR	ESS OF FA	ACILITY	IKand	iaiis	town	, MU •	
23. PART I. Entar the diseases.	Marc	<u>L</u>		4.	arch F 300 Wa	bash	Ave.				
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. PN DUE TO	ON AS A CONSE	OUENCE O	#): J #): == #):							
PART ii. Other significant cond	itiona contributing to	death but not	out not resulting in the underlying cause given in P					Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 60	HOSPITAL:			OTHER:	26. PLACE OF	DEATH (C	heck only one)			
1 VES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 (_	4 🗆 Nursin	g Homa 5 🗆	Residence			A. H. 1994 . O.	201050	
1 Natural 5 Pending	(Month, L		28b. TIA	JURY	Bc. INJURY AT WORK? 1 YES 2	□ NO	280. DESC	CRIBE HOW I	NJUHT O	COMED	
3 Suicide a Could no	2 Accident Investigation 3 Suicide 8 Could not be 28s. PLACE OF INJURY — A building, stc. (Specify)						28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
One)	PHYSICIAN: To the best of										and menner as stated.
295. SIGNATURE AND TITLE OF CER	тушей	1 - 1	1	9	29c. L	CENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
35. NAME AND ADDRESS OF PERSO	words or the second	SE OF DEATH OF		a Defect	0	335	215		1	3/10	190
30. NAME AND ADDITION OF PENSO	1			s, rant)							
31. DATE FILED MARTIN 1091 10199	O dil REOLE	A PERMIT	AND .								

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of or attending physician. D 21203-3146 ust be netif BALTIMORE, MA after death. Page 6 may be reny the funeral director, page 5

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT; it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner m
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAN			JENT II	ICAIL	O1	DEATH	neg. N).		
	1. DECEDENT'S NAME (First, Middle, Last) George F. Geidt							3 DATE OF DEATH	DAY 10	90 ^{KAR}	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	(mat hirthday)	IF UNDER 1					8. BIRTHPLACE (State or Foreign			
	213-07-6598	5. SEX	6. AGE (In yrs. 92	YRS.		DAYS	HOURE MIN.	(Month, Day, Year) 4-19-189	7	Count	RYLAND
	9a. FACILITY NAME (If not institution, give at		9b. CITY,	TOWN C	OR LOCATION OF DE		_	JNTY OF E			
۳ ا	2632 Edgemere Ave	e. 212	19		Edg	eme	re		Ba	ltim	ore
DIRECTOR	RESIDENCE OF DECEDENT				1 2009						250
1	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OF	R LOCAT	TION				10d. INSIDE CITY LIMITS?
	Maryland Balt:	imore		Edg	emere	!					1 TYES 2X NO
FUNERAL	10e. STREET AND NUMBER		10f. ZIP CODE				10g. CI	TIZEN OF	WHAT COUNTRY?		
띨	2632 Edgemere Ave	e.					21219		Uni	.ted	States
5	11. MARITAL STATUS	12. WAS DECEDED	TEVER IN U.S.					HC ORIGIN? (Specify Y	a or No-	14. RAC	E — American Indian, k, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES				2 NO Specify			Spec	illy:
	21		I WW								WHITE
国	15, DECEDENT'S EDU (Specify only highest grade	cation completed)	16a,	OECEOENT'S	work done do			16b. KIND OF B	JSINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ille. Do NOT u	FITI						
₹		7TH GRADE N/A						BENNHAMA		ADIDIT.	CORP.
웅	17. FATNER'S NAME (First, Middle, Last)						16. MOTHER'S NA	ME (First, Middle, Maide			
BE	NOT KNOWN	GEIDT							KNOV		
ဥ	19a. INFORMANT'S NAME (Type/Print)							Route Number, City or To			
	LEONA RYCHTAR										AND 21219
	20s. METNOD OF DISPOSITION 1 ☐ Buriel 2 ★ Cremation 3 ☐ Rem	oval from State	other	r place)	•		metery, crematory or		OCATION -		
	4 Donation 5 Other (Specify)	A A	GREE	IN MOU			ERY 3-1		BALTI	MORE	MARYLAND
	21, SIGNATURE OF FUNDAL SERVICE CIT	11/					ND AODRESS OF FA	RAL HOME	OF DI	NDAT	K TNC
	94 1	4						NUE DUNDA			
CERTIFICATION	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	reaulting in desth) LAST	d									
	PART II. Other algolficant condition	a contributing to	desth but no	ot resulting	In the unc	derivin	a cause alven in	Part 1 24s WAS 4	N ALITOPS	/ 24	b. WERE AUTOPSY FINDINGS
I: MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO									AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?	
A	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF OEATH (Ch	eck only one)			
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2	☐ ER/Outpatient	3 🗆 DOA	OTHER		ne 5 🗆 Residence	8 Dthar (Specify)			
PHYSICIAN:	27. MANNER OF OEATH	26a. DATE O	FINJURY	28b. TII	WE OF	28c, IN.	JURY AT	28d. DESCRIBE HOV	INJURY O	CCURED	
	1 Natural 5 Pending	(Month,	Day, Year)		JURY		YES 2 NO				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	t home, farm,	street, facto					Route Number,			
COMPLETED	one)							to the cause(s) and n			a) and manner as stated.
I 20h SIGNATURE AND TITLE OF CERTIFIER I AND CATE CICAGO								O (Month, Day, Year)			
BE	Served In ~	mile r	M)				D 292	96	•	- 1	10/90
5	30. NAME/ANO ADDRESS OF PERSON WH	O COMPLETED ON	SE OF OEATH (ITEM 27) (Typ		(0.0		00	0.1		21216
	31. DATE FILED (Month, Day, Year)	(1) W/	AR'S SIGNATUR	717	0 1	von	THICK HI	KI) (Saltr	re,1	12 4149
	MAD 1 / 1000	de Mass									

3. TIME OF DEATN

Approximata Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

and due to the cause(s) and menner as stated. 29d. DATE SIGNED (Month, Day, Year)

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L RECORDS, P.O. BOX 13146,	OD ATTENDING DEVOCITARITY The last remains that the death confidents he assential within terms
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DIVISION	P.
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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Roy

Jason

		4. SOCIAL SECURITY NUMBER 218-14-7029		AGE (In yrs	: last birthday)	IF UNDER 1 YEA		7. DATE OF BIF (Month, Day, NOV.	Yearl	Country)	CE (State or Foreign	
ping		9a. FACILITY NAME (If not institution, give s	- 1	50	11.00	9b. CITY, TOV	VN OR LOCATION OF DE			TY OF OEAT	-	
, 2, 3 should	TOR											
if. Pages	DIRECTOR	Maryland Balti	more			r, town on Lo					d. INSIDE CITY LIMITS? YES 2 XNC	
n. ansit perm	FUNERAL	5116 East Joppa	Road				10f. ZIP COOE 21128		10g. CITIZEN OF WHAT COUNTRY?			
1203-3146 or attending physician. r use as the burial-transit permit. Pages 1,	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		1 YES 2 NO If yes, specify Cubar, Maxican, Puarto Rican, etc.) Black,							American Indian, hita, atc. White	
0 g 2	COMPLETED	15. OECEOENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)		16a	18a. DECEDENT'S USUAL OCCUPATI (Give kind of work done during me life. Do NOT use retired.) Tool Clerk					Aerospace		
by the hospital by the detached for ed at once.	BE COM	17. FATHER'S NAME (First, Middle, Last) Augustus Rober	tson Hitch	ncock			18. MOTNER'S NA Annie					
the missed	10 B	19a. INFORMANT'S NAME (Type/Print) Elsie Wehrle					Joppa Rd				21128	
		20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	noval from State	oth	ACE OF DISPOS	SITION (Name o	. Ch. Cen		Sweet A	City or Town,	State	
BALTIM or death. Pag he funeral dir al.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE Martin D. Lawson 22. NAME AND ADDRESS OF FACILITY Lemmon-Mitchell-Wiedefeld Timonium, Maryland 21093										
13146, coecuted within mours after and completely filled in by to bunal, cemention, or remountable event, the medical	RTIFICATION	23. PART I. Enter the disease, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Olsease or injury	a. DUE TO (OF	teri R AS A CO		not entar the				est,	Approximate Interval Betwoen and D	
DS, P t the deat by the atte and Mental	MEDICAL CERTIFI	that initiated events resulting in deeth) LAST	d		nsequence o		lying cause given in		WAS AN AUTOPSY PERFORMED? YES 2 IP NO	AM	ERE AUTOPSY FIND MALABLE PRIOR TO OMPLETION OF CAU F DEATH?	
TAL The law tite has ate Depr	SICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	70.4-4		OTHER:	6. PLACE OF DEATH (C)			11	YES 2 NO	
ISION OF TTENDING PHYSI TOR: After this or after death with 1	ED BY PHY	27. MANNER OF DEATN 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be 28e. OATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK? 1 YES 2 NO 28c. INJURY AT WORK?									te Number,	
OB OB	COMPLET	one) 2 MEDICAL EXAMIN	ER: On the best of my								nd menner as stat	
TO THE HOSPITAL TO THE FUNERAL (be filed within 72 h IMPORTANT: If it	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WI	nt Ba	TH.	t Mi	D Print)	D - 0	159	29d. DAT	ar,	7,1990	
5		Robert Bartha					ol Rd., Wh	iteford	, Md.			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Hitchcock, Sr.

2. OATE OF OEATH MONTH March

8 DAY

1990 YEAR

90 05372

212

T X

D		should	
BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Per Grame or retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral media, because a subsection of the state begins of Reath and Mental Hygiene prior to burial, cremation, or removal.	f, or Item 23 shows any injury, or other traumatic event, the medical examiner med be notified at once.
ALTIN	death. Pr	funera	xamine
8	ours after	in by the	nedical a
9	thin 24 h	etely filled smation, o	nt, the n
13146,	ecuted wi	and comple burial, cri	atic eve
BOX	cate be ex	hysician a	er traum
P.O.	ath certifi	tal Hygien	, or oth
RDS,	hat the de	d by the a	ny Injury
3ECO	requires t	een signe of Health	shows a
TAL	: The law	tate Dept.	Item 23
OF VI	HYSICIAN	his certification with the S	ked, or
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ENDING F	OR: After the feer death	8 Is mar
DIVIS	IL DR ATT	L DIRECTI	I Item 2
	E HOSPITA	TO THE FUNERAL DIRECTOR: After this ce be filed within 72 hours after death with the	IMPORTANT: If Item 28 is marked,
	ET DE	TO THE	IMPO

				OLITTI	TOATE	. 01	DEA		п	EG. NO.				
TITTTTAM T	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM T. HARRIS											YEAR	3. TIME OF DEATH 9:45 P. M	
	S. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HR								MARCH 10, DAY 1990 YEAR 9:45 P. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign					
050-18-7644	(Month, Day Vis			924	NEW YORK									
9e. FACILITY NAME (If not in:	stitution, give a	treet and number)					OR LOCATIO	ON OF DE	ATH			INTY OF D		
4426 WYNN R					BALT	OMI	RE				BAL'	TIMOR	RE	
RESIDENCE OF DEC	EDENT	,		100.0	TY, TOWN C	01000	TON.					-	10d. INSIDE CITY	
MARYLAND	BALTI				TIMOR		ION						LIMITS?	
10e. STREET AND NUMBER							, ZIP CODE	E			10g. CIT	IZEN OF W	THAT COUNTRY?	
4426 WYNN R	OAD					2	1236				U.	S.A.		
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Jivo		12. WAS DECEDEN FORCES?	YES .	2 NO		f yes, sp		n, Mexica	IIC ORIGIN? (S n, Puerto Ricar		or No—	14. RACE Black WHI	— American Indian, White, etc.	
	1977	WWII			1								.15	
15. DECI (Specify onl)	EDENT'S EDU	CATION completed)	10	8a. DECEDENT (Give kind o	work done	CCUPATI during me	DN est of workin	g	16b. KIN	D OF BUS	SINESS/IN	DUSTRY		
Elementary/Secondary (0		College (1-4 or 5	+)	Me. Do NOT	use retired.)				FO	OD				
N/A	N,	A		CLERK			1							
17. FATHER'S NAME (First, Mi		-							ME (First, Middle LAFT		Surname)			
WILLIAM T.)		- A11		112-011								
JAMES TIMME	RS (BI	ROTHER-II	N-LAW)	196. MAILIE 4426	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Gode) 4426 WYNN ROAD, BALTIMORE, MARYLAND 212						2123	36		
20a. METHOD OF DISPOSITI	ON n 3 🖔 Rem	oval from State	20b. P	LACE OF DISP								- City or To		
4 Donation 5 Other				ST.					Y BRONX, NEW YORK				YORK	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOME, INC. 9705 BELAIR ROAD, BALTIMORE, MA									2VI AND 2123					
23. PART I. Enter the di		· / do	A mand a	ha da ath Or								-	Approximata	
shock, or he IMMEDIATE CAUSE (Fin disease or condition	eart fellure. al	List only one ca	use on eac	h line.									Interval Betwee Onset and Deat	
disease or condition resulting in death) a. LUNG CANCBR DUE TO (OR AS A CONSEQUENCE OF):														
Sequentially list conditi if any, leading to imme-	ons,	DUE TO (OR AS A CONSEQUENCE OF):												
Cause. Enter UNDERLY! CAUSE (Disease or inju		C												
that initiated eventa resulting in death) LAS		DUE TO	OR AS A C	ONSEQUENCE	OF):									
resulting in death) LAS		d												
PART II. Other significa	nt condition	ns contributing to	death but	not resultin	g in the ur	nderlyin	g cause	given in	Part I. 24	. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS	
										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
									— [1]	YES 2	NO.		OF DEATH?	
												-1	1 TES 2 NO	
t .	O MEDICAL					00.5	405 OF F	FATH OL						
DE WAS CASE DESERVED TO	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) OTHER:												-	
EXAMINER?	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 (V Residence 8 Other (Specify) 27. MANNER OF DEATH 28b. DATE OF INJURY (Month, Dey, Year) 1 VORK?										AL HARV O	COLIDED		
EXAMINER? 1 YES 2 NO		M 1						NO	28d, DESCRIBE HOW INJURY OCCURED					
EXAMINER? 1	Pending Investigation	(Month,			28e. PLACE OF INJURY — At home, farm, street, factory, office Could not be datermined City or Town, State									
EXAMINER? 1	Investigation Could not be	(Month, i	OF INJURY	- At home, fam	street, fac	tory, offi	CO .					er or Rural I	Route Number,	
EXAMINER? 1	Investigation Could not be determined	(Month, 28e. PLACE building	, etc. (Specify)					City or To	own, State)			Route Number,	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 6 2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER (Check only 1 CERTIFIER)	Investigation Could not be determined	28e. PLACE building	, etc. (Specify f my knowled	ge, death occ	erred at the	tima, dat	and place		City or R	own, State)	nner as st	ated.		
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 6 2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER (Check only one) 2 MED	Privestigation Could not be determined CIFYING PHYSICAL EXAMINE	28e. PLACE building	, etc. (Specify f my knowled	ge, death occ	erred at the	tima, dat	e and place death occu	red at the	to the cause(own, State)	nner as at	ated. the cause(d	end menner es stated.	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 6 2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER (Check only 1 CERTIFIER)	Privestigation Could not be determined CIFYING PHYSICAL EXAMINE	28e. PLACE building	, etc. (Specify f my knowled	ge, death occ	erred at the	tima, dat	e and place death occu	red at the	City or R	own, State)	nner as at	ated. the cause(d	e) end manner es stated. (Month, Day, Year)	
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EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER (Check only 1	Investigation Could not be determined	(Month, 28e. PLACE building	, etc. (Specify)				, end due	City or To	own, State)			Soute Number,	

ithlin 2 y nours after death. Page 6 m y to make to the hosp	leteky filled in by the funeral director. A strain of detache	entable, or removal.	TO BE COME
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 wours after death. Page 6 mm or draing in the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. The first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the first of the fir	De met within 12 hours aret death with the blate beet. Or regult and mental regions bound, commence, or entred. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
TO THE HO	TO THE FU	IMPORTA!	TO BE C

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL	HYGIEN REG. NO.	E			
1. DECEDENT'S NAME (First, Middle, MILDRED K. H					2. DATE	OF DEATH	0 9 8	EAR .	TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 220-05-7816 98. FACILITY NAME (If not institution,	1 □ M 2 🌣 F 66	YRS. MO	UNDER 1 YEAR NTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) AUG. 15 1913 8. BIRTNPLACE (State or Foreign Country) VIRGINIA 9c. COUNTY OF DEATH					
	UNION MEMORIAL HOSPITAL BALTIMORE CITY								-	
UNION MEMORIAL RESIDENCE OF DECEDEN 100. STATE 100b. CO			OWN OR LOCATION					I. INSIDE CITY LIMITS?		
		BA	ALTIMOF 101	ZIP CODE			N OF WHAT	XYES 2 NO		
10e. STREET AND NUMBER 3510 PA	RKLAWN AVENUE 12. WAS DECEDENT EVER IF	U.S. ARMED	13. WAS DEC	21213	IIC ORIGIN	? (Specify Yes		S.A.	American Indien.	
3 Widowed 4 Divorced	1 Never Married 2XX Married FORCES? 1 YES 2 X				n, Puerto F			Black, WI Specify:	WHITE	
(Specify only highest	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)				16b.		SINESS/INDUS	TRY		
N/A 17. FATNER'S NAME (First, Middle, Lat.	N/A	HO	OMEMAKE		ME (5) - 4		N HOME			
JOHN KENNED				18. MOTNER'S NA MAE	BOSM		Surneme)			
190. INFORMANT'S NAME (Type/Print)	GAN (HUSBAND)			nd Number or Rurel					21213	
20e. METHOD OF DISPOSITION 1 Denetion 3 Grant Specify, 4 Denetion 5 Grant Specify, 200 States of the second specify, 200 States of the second specify, 200 States of the second specify, 200 States of the second specify, 200 States of the second specify, 200 States of the second specify, 200 States of the second specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific specific speci	Removal from State	PLACE OF DISPOSITION OF PLACE OF DISPOSITION OF PLACE OF DISPOSITION OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLACE OF PLA			RY		CATION — CIT ALTIMO			
21. SIGNATURE OF PURPLES SERVI	1 /		SCHIM	NEK FUNI	ERAL					
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	disease pr condition resulting in death) a. CHF DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): UN T Weld.									
that initiated events reaulting in deeth) LAST	d.	CONSEQUENCE OF):								
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 21 NO							CO OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO		
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only on	10)				
1 TYES 2 NO	Impatient 2 ER/Out			e 5 Residence			IN HIRY OCCU	250		
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN Natural 5 Pending Investign		MUUR	Y WC	RK?	200. DES	THE HOW	DW INJURY OCCURED			
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								Number,	
ana)	PNYSICIAN: To the best of my know AMINER: On the basic of examination								d menner as stated.	
296. SIGNATURE AND TITLE OF CER	ITIFIER L.	m	O	29c. LICENSE NU	MBER			IGNED (Mo	onth, Day, Year)	
30. NAME AND ADDRESS OF PERSON TAZEEN	N WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	igt) .	n Me	m r	YIal				
31. DATE MAR 1 4 199	O gula dendo	PIRE			1 0	11:00		-		

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	REGISTRAR	CE	RTIFICAT	E OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH
	Johnnie Hei	well				6	90	1:35 AH
	4. SOCIAL SECURITY NUMBER , 5. SEX	6. AGE (In yrs. lest	birthday) IF UNDE	R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		IPLACE (State or Foreign
	224-18-6401 1×1M	2 DF 70	YRS. MONTHS	DAYS	HOURS MIN.	(Month, Day, Year)	19 Count	" Va
	9e. FACILITY NAME (If not institution, give street and no	umber)	9b. CIT	Y, TOWN OR	LOCATION OF DE		9c. COUNTY OF E	EATH
DIRECTOR	Loch Raven VA Med	Lical Cente	B		nore.	MD		
<u> </u>	10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATIO)N			10d. INSIDE CITY
E	Md		Balto)				LIMITS?
- 16	10s. STREET AND NUMBER		0-11.0		ZIP CODE		10g. CITIZEN OF	
FUNERAL	4400 La Plata				21211		U	.S.A
BY FU	1 Never Married 2 Married FORG	DECEOENT EVER IN U.S. ARK CES? 1 X YES 2 N ES, GIVE WAR OR DATES	WED 13.	If yes, spec		IC ORIGIN? (Specify Yes n, Puerto Rican, etc.) :	or No— 14. RAC Blac Spec	E — American Indian, k, White, etc.
8	15. DECEDENT'S EDUCATION	16a. OE0	CEOENT'S USUAL C	CCUPATION		16b. KIND OF BUS	SINESS/INDUSTRY	-
COMPLETE	(Specify only highest grade completed) Elementary/Secondary (0-12) Online College	(GA (1-4 or 5+)	ve kind of work done Do NOT use retired.)	during most	of working			
O	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Majden	Surname)	
	Willie Howell				Carro	i, Ha	(Kini	
H	19a, INFORMANT'S NAME (Type/Print)	194	MAILING ADDRES	S (Street arv	1 Number or Bural 6	Soute Number, City or Town	n, State, Zip Code)	
2	Beneville Danie	100	3611 7	2	17 1	not n	A 14.	12120
	200_METHOD OF DISPOSITION		OF DISPOSITION (N	10WE	13 HAR	14/1	DO IN	M 61601
	1 X Buriel 2 - Cremation 3 - Removal from	State 206. PLACE C	POANO!	I A	tery, cremetory or	20c. LO	CATION — City or T	own, State
	4 Donetion 5 Other (Specify)		roanos	e cr	upel Chr	1stian 30	1H MEN	II , VOL
4	21. SIGNATURE, OF FUNERAL SERVICE AJCENSEE	\wedge	22	. NAME AND	ADDRESS OF FA	CILITY	111	lest)
	has ween El	mon		VVar	ch tu	neval. Hol	ne lo	
	23. PART I. Enter the diseases, or complice	tions that caused the de	ath. Do not ante	r the mod	a of dving, auc	h as cardiec or respi	ratory arrest.	Approximate
	ahock, or heart fellure. List only	ona cause on each line.			a o. o,g, o			Interval Between
	IMMEDIATE CAUSE (Finel disease or condition							Onset and Death
	resulting in death) a	Sepsis						10 days
		DUE TO (OR AS A CONSEC	OUENCE OF):					100 1
Z	Sequentially list conditions, b.	Durennu	mia					1 days
Ĕ	If any, leading to immediate	DUE TO OR AS A CONSEC	DUENCE OF):					
CERTIFICATION	cause, Entar UNDERLYING CAUSE (Disease or Injury							
1	that initiated events resulting in desth) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):					
ER	d.							
	PART II. Other algorificent conditions contri	button to death but not r	neulting in the u	ındəriying	cause given in	Part I. 24s, WAS AN	AITMPSV 24	b. WERE AUTOPSY FINDINGS
DICAL	4 2		_	muonymg	cauco givon in	PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE
ă	Oliqueric res	nal faction				1 YES 2	l 🗆 NO	OF DEATH?
ME	Oprigestive.	heart fo	rilune			_		1 YES 2 NO
ä		1						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL/	CE OF DEATH (Ch	eck only one)		
Sic	EXAMINER? 1 YES 2 NO	PITAL: estient 2 ER/Outpatient 3	DOA 4 N		5 Residence	6 Other (Specify)		
¥		a. DATE OF INJURY	26b. TIME OF	28c. INJU	RY AT	28d. DESCRIBE HOW	INJURY OCCURED	
	1 Natural 5 Pending	(Month, Day, Ybar)	INJURY	WOR	IK? ES 2 NO			
ВУ	Accident Investigation 3 Suicide & Could not be 284	. PLACE OF INJURY — At ho	me, farm, street. fa			281. LOCATION (Street	and Number or Rural	Route Number,
	4 Homicide determined	building, atc. (Specify)				City or Town, State,)	
Щ	290. CERTIFIER			-				
COMPLET	(Check only CERTIFYING PHYSICIAN: 16	the best of my knowledge, de basis of examination end/or i						(a) end manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		-		29c. LICENSE NUI	WRER	29d DATE SIGNE	D (Month, Day, Year)
BE	16 20 181	1			ZEL EIGENSE NO	WOEN	DATE STORE	D (Mortin, Day, 1942)
0	Mesex Cl. Koc	in MID						
	30. NAME AND ADDRESS OF PERSON WHO COMPL	LIEU CAUSE OF CEATH (ITE						
	Cheryl A. Koch mD	Dept. of 1	Medicin	e ll	nivs of	MD HOSE	otal. 1	Baltimoren
	31. DATE FILED (MOTA) 11 100 n 32.	REGISTRAR'S SIGNATURE	Handelle					
		7 more	-					

Bearing L. V. All Physics - 199

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

YEAR

0

REG. NO.

2. DATE OF DEATH

7. DATE OF BIRTH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4 SOCIAL SECURITY NUMBER

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DIVISION OF VITAL RECORDS, P.O. DOA 13149,	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours	
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436-12-7596 1 M 2 F 69 YRS Atlanta.La 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 719 Joppa Farm Rd. DIRECTOR Joppa Harford RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY JOPPA MARATALIA Md. Harford 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 719 Joppa Farm Rd. 21085 U.S.A. should be detached for use as the burial-transit 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, Whita, etc. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Married
3 Widowed 4 Divorced FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY white 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only higher Elementary/Secondary (0-12) College (1-4 or 5+) 12 yrs. Bethlehem Steel Foreman 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Carl Horn Cecile Hallmark 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Naomi R. Mohr Horn 719 Joppa Farm Rd. Joppa.Md. 20e. METHOD OF DISPOSITION
1 M Burial 2 □ Cremation 3 □ Removal from Stata
4 □ Donation 5 □ Other (Specify) 20b. PLACE OF DISPOSITION (Name of commency, cremetory or ZIOTH CLuth. Church Cemetery 20c. LOCATION — City or Town, State Golden Ring, Md. 22. NAME AND ADDRESS OF FACILITY E.F.Lassahn Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ▶ E. F. Jassahn 11750 Belair Rd.Kingsville , Md. 21087 and completely filled in to burla, cremation, or removal. 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory errest, Approximsta Interval Between shock, or heart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) Inne dizite Kespiraton OUE TO (OR AS A CONSEQUENCE OF) DUE TO (DR AS CONSEQUENCE OF): ance traumatic CERTIFICATION Sequentisity list conditions, If sny, lesding to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to CAUSE (Disesse or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST injury, 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL been signed by th COMPLETION OF CAUSE shows any 1 - YES 2 100 1 TYES 2 NO PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item TO THE MOSPITAL DR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTOR: After this certificate I be filed within 72 hours after death with the State IMPORTANT: If Item 28 is marked, or Item HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 - YES 2 - NO ng Home 6 Rasidenca 6 🗆 Other (Specify) 4 - Nura 26b. TIME OF INJURY M 27. MANNER OF DEATH 26c. INJURY AT WORK? 26a. DATE OF INJURY 28d. DEŞCRIBE HDW INJURY OCCURED 1 Natural Nonth, Day, Abar) NA 1 YES 2 NO BY Accident 26e. PLACE DF INJURY — At home, building, atc. (Specify). 3 Suicide etc. (Specify) a Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. tion and/or investigation, in my opinion, death occured at the time, data and place, and dua to the cause(s) and manner as stated. 29c. LICENSE NUMBER 296, SIGNATURE AN 29d. DATE SIGNED (Monte, Day, Year) BE 2 WHO DMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 7+1 660 Kenilwarth Key Delos MI STATE DEMINER SIGNATURE DHMH-16 Ray 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

MONTHS

IF UNDER 1 YEAR | IF UNDER 24 HRS.

DAYS

HOURS

MIN.

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6. AGE (in vrs. lest birthdev)

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S. SEX

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON THE OF DEATH ON									
	SIDCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 1 M 2 X F 7. DATE OF BIRTH (Month, Day, Year) RONTHO DAYS HOURS MIN. 2 X F 7. DATE OF BIRTH (Month, Day, Year) 2 X F 8. BIRTHPLACE (State or Foreign Country) MD									
TOR	98. FACILITY NAME (If not institution, give street end number) 98. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH									
DIRECTOR	100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1									
FUNERAL	106. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? 21230 USA									
BY FUN	11. MARITAL STATUS 1									
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) Coffege (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY									
COMPL	7 HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)									
BE C	HARRY SWETT AdELINE Schools									
2	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Parel Poute Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number or Parel Poute Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number or Parel Poute Number, City or Town, State, Zip Code)									
	20th METHOO OF DISPOSITION 20th PLACE OF DISPOSITION (Name of complexy, cremetory or 20c. LOCATION — City or Town, State.									
	Souriel 2 Cremation 3 Removal from State GHEN HAVEN CEMETERY BALta, Md									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY VENS FUNERAL HOME INC									
	Con Thuley Disto 1501 E. FORT AVE BALTO., 40 21230									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or reapiratory arrest, shock, or haart fallure. List only one cause on each line. Approximate interval Between Onset and Death disease or condition									
	resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF):									
S S	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
E A	cause. Enter UNDERLYING									
	CAUSE (Disease or injury that initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in desth) LAST									
CERTIFICATION	d.									
CAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO									
ᅙᅵ	1 VES 2 NO COMPLETION OF CAUSE OF DEATH?									
Σ	1 YES 2 NO									
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
YSIC	1 VES 2 NO 1 Impatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
	27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. DE\$CRIBE HOW INJURY OCCUREO M 1 YES 2 NO									
р ВҮ	2 Accident Investigation 3 Suicide 6 Could not be 26. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
ETE	4 Homicide determined									
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end menner as started. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end manner as started.									
BEC	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, War)									
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
	HARDER HESPITAL CENTER BALTIMORE MID									
	MARIA 1990 St. C. PRINTERS SIGNIFICATION OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF									

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this c	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
Afte	S m
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FUNE	ANT
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2 3	E
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral conditions to burial, cremation, or removal.

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /		TMENT				MENT	AL HYGIEN!	E		
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH			3. TIME OF DEATN
	SADIE W.	HOOPER							03 10 1990			90	1:28 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	AR IF UNDER 24 HRS. 7, 0		7. DAT	E OF BIRTH			PLACE (State or Foreign
	213-05-2504	1 □ M 2 🕝 F	84 YRS.		MONTHS	DAYS	HOURS	MIN.	0.8	nth, Dey, Year)	05	Countr	ARYLAND
	9a. FACILITY NAME (If not institution, give street and number)				9h CITY	TOWN (OR LOCATI	ON OF DE		00		NTY OF O	
œ													
6	INNS OF EVERGRE	EN			BA.	LTIM	ORE						
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	R LOCAT	NOI						10d. INSIDE CITY
5	MARYLAND			BAL	TIMO	RE							1 YES 2 NO
4	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CITI	ZEN OF W	VHAT COUNTRY?
FUNERAL	5837 BELAIR R	OAD					21	206				US.	A
3	11. MARITAL STATUS		IT EVER IN U.S. AR							IN? (Specify Yea	or No-		- American Indian,
	1 Never Married 2 Married	FORCES? 1	YES 2 X P	10			ecify Cuba 2 X NO			o Rican, etc.)		Speci	c, White, atc.
B	₩ Widowed 4 Divorced	,					- 15	ор осу	,,				ÎTE
	15. DECEOENT'S EDUC (Specify only highest grade	CATION completed)			USUAL O			200	16	56. KIND OF BUS	INESS/IND	USTRY	
딕	Elementary/Secondary (0-12)	College (1-4 or 5	Ma	Do NOT u	se retired.)								
M I	12TH			COMM	UNIC	ATIC	N			HOS	PITA	L	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First	, Middle, Maiden	Sumeme)		
BE	SAMUEL E. WATS	ON						PEAR	LIE	RICHAR	DSON		
10 2	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	nd Number	r or Rural F	Route Nu	mber, City or Town	n, State, Zip	Code)	
F	NELLIE REDMON		8	88 SW	EET :	BRIA	R, L	EWES	, D	ELAWARE	19	958	
	20a. METHOD OF DISPOSITION	mel from State	20b. PLACE other pl	OF DISPO	SITION (Na	me of ce	metery, crer	natory or		20c. LO	CATION -	City or To	wn, Stata
	4 Donation 5 Dother (Specify) LORRAINE PARK CEMETERY BALTIMORE, MARYLAND												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY A. ALAN SEITZ, JR. FUNERAL HOME												
	· a. allan	Dei	En . (h						, BALTI			
			t obused the de	ath. Do									. 21211
	shock, or heert fallure. List only one cause on each line.									Interval Between Onset and Death			
	IMMEDIATE CAUSE (Finel disease or condition	1/20	a	,	()	90					1-2		
ł	resulting in death)	e	IOR AS CONSE	OUENCE O	ocular Collapse Massim Gastric Hemorrhage OF: astric Ulcar					1 - Lynn			
_		(1. +	h	Man Gentin				Henrich				4 4	
CERTIFICATION	Sequentially list conditions,	(OR AS A CONSE	AS A CONSEQUENCE OF:					144	morres	y			
AT	if any, leading to immediate cause. Enter UNDERLYING			6	15		Ulca	_		,			4 care
입	CAUSE (Disease or Injury that Initiated events	OUE TO	(OR AS A CONSE	QUENCE O	F):	-							
F	resulting in death) LAST												
										7			
AL.	PART II. Other significant condition	s contributing to	death but not	resulting	In the ur	iderlyin	g ceuse	given in	Part I.	24a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
8	Micherney	Verseen	7							1 _ YES 2	M NO		OF DEATH?
ME	JU C.V. B	- Stop	-)										1 TES 2 NO
ż	Heatel Figure	is: Eags	charte.										
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0		OTHE		LACE OF C	DEATH (Ch	eck only	one)			
Š	1 🗆 YES 2 🗷 NO		☐ ER/Outpatient 3	□ DOA			ne 5 🗆 R	asidence	6 🗆 Ot	ther (Specify)			
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28a. DATE Of (Month, I		28b. TIR	IE OF JURY		JURY AT DRK?		28d. D	ESCRIBE HOW I	NJURY OC	CURED	
BY	1 M Natural 5 Pending 2 Accident Investigation			<u> </u>	М	1 🗆	YES 2 [□ NO					
	3 Suicide 6 Could not be	28e. PLACE (butiding	OF INJURY — AI he , etc. (Specify)	ome, farm,	street, fac	tory, offic	20	i		DCATION (Street a	and Numbe	r or Rural I	Route Number,
	4 Homicide determined												
7	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best o	f my knowledge, d	eath occur	red at the t	ime, dati	and place	, and dua	to the c	cause(a) and mar	nner aa sta	ted.	
COMPLETED	000) 2 MEDICAL EXAMINE	R: On the basis of	examination and/or	Investigati	on, in my o	opinion, «	death occu	red at the	time, di	eta and place, an	d due to ti	he cause(i	a) and menner as stated.
	296. SIGNAPORE AND TITLE OF CENTURE		mp				29c. LIC	ENSE NUI	MBER		29d, DAT	E SIGNED	(Month, Day, Year)
3 BE	aller B Bu	rolling	779				D	004	126		13	1/12	190
6	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	ISE OF OFATH (ITE	M 27) /7/n	Print)							. ,	

CAUSE OF OEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Albert B. Bradley

31. DATE FILED (Month, Day, Year)

4900 Belair Road, Baltimore, Maryland 21206

must be notified at once.

		-	tio	\$
ó	TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fi	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, th
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	DR /	DIRE	hours	item
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	FOR 1 STATE	STATE OF MA							MENTA		E		
	REGISTRAR		<u> </u>	ERTIF	CATE	OF	DEAL	Н		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest) Fleanora C. 4. Social Security Number	HUNT							2. DATE OF DEATH DAY YEAR MONTH 12, 1990			90	3. TIME OF DEATH 6:43 P.M
	215-10-3446	1 🗆 M 2 📈 F	8. AGE (In yrs. Ia 72	st birthday) YRS.	IF UNDER 1	DAYS	HOURS	MIN.	Feb. 26,1918 Maryland			ryland	
~	9e. FACILITY NAME (If not institution, give stre				9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF D								
5	Franklin Square H	ospital				Ross	svill	е			Balt	imor	re County
EC.	10e. STATE 10b. COUNTY			10c. CITY	r, TOWN O	R LOCAT	ION	•					10d. INSIDE CITY LIMITS?
FUNERAL DIRECTOR	Maryland Balti	nd Baltimore			Park	vill	le						1 YES 2 NO
*AL	10a. STREET AND NUMBER				10,00	10f	. ZIP CODE	Same a					HAT COUNTRY?
Ä	9933 Hilltop Dr.						212					.S.A	
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 M Widowed 4 Divorced	Never Merried 2 Merried FORCES? 1 YES 2 X			IED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ☐ NO Specify:				or No-	14. RACE Black Specif	, White, etc. White		
	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	(0	ECEDENT'S Give kind of v	vork done d			g	161	. KIND OF BU	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12) 12 yr S	College (1-4 or 5+)	#	Home	emake	r							
BE CO	17. FATHER'S NAME (First, Middle, Last) Alcuin	Weiss					Е	mma		Middle, Melden	Р	arke	r
TOE	Mr. Thomas Weiss									nber, City or Tow dallst			21133
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Remote 4 Donation 5 Other (Specify)	val from State	Ever	or olspos green	Cem	. 3	3/15/	90		F	cation — i nksb	urg,	Md.
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Paul L.Hartsock, Jr 22. NAME AND ADDRESS OF FACILITY Baltimore, Md. 2121 Leonard J. Ruck, Inc. 5305 Harford													
	23. PART I. Enter the diseases, or co	omplications that	ceused the d	eath. Do n									Approximate
4	ahock, or heert fellure. L	Meat Asp	e on eech lin	•.				•,					Interval Between Onset and Death
		Hypoxia		OUENCE OF	r):								
Ö	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	QUENCE OF	F):								
CERTIFICATION		brill	orillation.										
H	that miniated events	Ventricular Fibrillation. DUE TO (OR AS A CONSEQUENCE OF): Electro-Mechanical Dissociation.											
H	d d	Electro-	-Mechan	ical	Diss	oci	ation	1					
	PART II. Other algnificent conditions	contributing to	leeth but not	reculting	In the un	deriyin	g cause :	given in	Part I.	24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
200	Central Nervous	System A	rteriti	S.					_	1 YES			AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
ME	Takayasu's Arter	itis.											1 YES 2 NO
ä	Statis Post Rece	nt Myoca	rdial I	nfaro	ction								
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	,		OTHER		ACE OF 0	EATH (Ch	eck only o	ine)			
łYS	1 YES 2XXNO	1 ☐ Inpatient 2 Å ↓ 28e. DATE OF I		3 DOA 26b, TIM		alng Hom 28c. INJ		sidence	_	er (Specify)	IN ILIEN OC	~unen	
BY PH	1 X Netural 5 Pending 2 Accident investigation	(Month, De	r, Ybar)	INJ	IURY M	WC	YES 2	□ NO	260. DE	SCHIBE HOW	NJUHY OC	UNED	
8	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At hor building, etc. (Specify)			ome, farm, s	street, facto	ory, offic	•			CATION (Street or Town, State)		or Rural F	Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DISCOUNTS ON MEDICAL EXAMINER	_) end manner es stated.
	29b. SIGNATURE AND INTER-	F/1/0	1/1				29c. LIC	ENSE NU	4BER	-			(Month, Day, Year)
TO BE	11100	pal	W)		D2	731	15 > 3-1			3-1	2-90
	30. NAME AND ADDRESS OF PERSON WHO	TIOMPLETEO CAUS	E OF OEATH (IT	EM 27) (Type,	, Print								
	M. L. Frydenborg.		00 Fran	klin	Squa	re	Dr. E	Balt	imor	e 2123	7.		

RYLAND 21203-3146

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mouns after death. P	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of the within 20 hours after heart with the State Deor of Health and Mental Hydiene prior to burial, cremation, or removal \$2.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examina-
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL	HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Mildred L		IOHNSON		2. DATE O	F DEATH		AR	50 P M
	4. SOCIAL SECURITY NUMBER 214-30-5488 9e. FACILITY NAME (If not institution, give si	1 □ M 2 XXF 74	In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. PR LOCATION OF DE	7. DATE O (Month, July			BIRTHPLAC Country) Ba	ce (State or Foreign alto.Md.
TOR	Franklin Sq. Hos			Rossvil	le			Balt	imor	e County
DIRECTOR	Maryland 106. COUNTY		10c. CiT	Y, TOWN OR LOCAT	TOWN OR LOCATION GLEN Arm					I. INSIDE CITY LIMITS? YES 2 XNO
FUNERAL	100. STREET AND NUMBER	Box 157 Glen	Arm	101	ZIP CODE 210	157		10g. CITIZEN	OF WHAT	
BY	11. MARITAL STATUS 1 Never Married 2 Merried XX Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 VES 2 ND IF YES, GIVE WAR OR DATES			WAS DECENDENT DF NISPANIC ORIGIN? (Specify Ye if yes, specify Cuban, Mexicen, Puerto Ricen, etc.) VES 2 NO Specify:				Black, Wh Specify:	American Indian, hite, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 7 YIS •	DUCATION ade completed) Cotlege (1-4 or 5+) Cotlege (1-4 or 5+) The contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contrac			ON st of working	18b.	HOM	SINESS/INDUST	RY	
CON	17. FATNER'S NAME (First, Middle, Last)	George R. Pea	irce		18. MOTHER'S NA		iddle, Melden • Smi		Т	
TO BE	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural R									
	20a. METHOD OF DISPOSITION W Buriel 2 Cremation 3 Rem 1 Donation 5 Other (Specify)	oval from State	other place) FOT	k Christ	ian Ch.			rcation – chy		State
	Willy & Construct T1750 Belair Rd.K									ERAL HOME 1087
	IMMEDIATE CAUSE (Finel	complications that cause chief only one cause on e	ach lina.			ch ss csrdl	sc or resp	iratory srreet	,	Approximats Interval Between Onset end Death
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									Til
PHYSICIAN: MEDICAL C	PART II. Other significant condition	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part					24a. WAS AN PERFOI 1 X YES 2	RMED?	AMA COI OF	RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH? XYES 2 NO
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (C)					
	27. MANNER OF DEATH 1 \(\sum_{\text{N}} \) Netural 5 \(\sum_{\text{Pending}} \)	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	E OF 28c. INJ	URY AT	_		INJURY OCCUR	ED	
TED BY	1 Natural 5 Pending M				YES 2 NO		LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	CONSUM OTHY	ICIAN: To the best of my know ER: On the basic of examination							euse(e) an	d manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER Bales M.D.				29c. LICENSE NU	N/A 29d. DATE SIGNED (Morith, Day, Year) 3/9/90			inth, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON WA	O COMPLETED CAUSE OF DE	27) (TEM 27) (Type	nklin Sa	uaro Dri	VA	, .	2123	,	
	31. DATE FILED (MANTIN, POR 1990)	S , MD	MANAGER		uule DII	VC		2123		

uneral	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examin
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31. MAR 14 1990

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		TMENT OF H		MENTAL HYGIENI REG. NO.	Ε				
	1. DECEDENT'S NAME (First, Middle, Last)	EFFERS	: [1]			2. DATE OF DEATH	90				
	4. SOCIAL SECURITY NUMBER 212-07-7459	5. SEX 8. AGE (In yrs. I	est birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year)	6. Bi	RTHPLACE (State or Foreign country)			
NG.	90. FACILITY NAME (If not institution, give sty ST AGNES H	SPITAL		0 1	n LOCATION OF DE		9c. COUNTY O	OF DEATH			
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CITY	Y, TOWN OR LOCAT				104 INSIDE CITY			
DIRECTOR	MD BAL	MMORE	C	ATONS	VILLE			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER TUGWELL DRIVE 21228						U, S	OF WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. / FORCES? 1 TYES 2 TIF YES, GIVE WAR OR DATES		If yes, sp		IIC ORIGIN? (Specify Yes n, Puerlo Rican, etc.)		NACE — American Indian, Black, Whita, etc. Specify:			
8	15. DECEDENT'S EDUC (Specify only highest grade of		DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BUS	INESS/INDUSTR	ry .			
COMPLET	Elementary/Secondary (0-12)		16. DO NOT US	e retired.)	NEWSTA	No					
S S	Tr. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname)										
l w i	NICHOLAS	JEFFE	ERS		VIRU	-INIA.	MARI	PIOTT			
10 B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21/22 THOMAS JEFERS 649 ROSSBURG CT. PASADENA MD,										
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Ramo 4 Donetion 5 Other (Specify)		place)	ATTHE			CATION - City of				
67.5	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE A Phone			ARD J	WEBE	R F.	H.			
\vdash	23. PART I. Enter the diseases, Dr g	1. ware	death David	5311		MONDSON		Approximete			
	shock, pr heart fellure./I IMMEDIATE CAUSE (Finel disease pr condition	Liet only one couse on each it	ne.		ode or dying, suc	n as cardiec or respi	ratory errest,	interval Between Onset and Deeth			
	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentielly ilet conditione, if eny, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS A CONS	SEOUENCE OF	F):	7	Ç					
IEC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	DUE TO (OR AS A CONSEQUENCE OF):								
병		d									
ICAL	PART II. Other significant condition	e contributing to deeth but no	t resulting	In the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?			
MEDIC								1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Ch	neck only one)					
YSI	1 TES 2 NO	1 Ninpetient 2 - ER/Outpetient		4 - Nursing Hon		6 Other (Specify)					
ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b, TIM	JURY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCURE	D			
8	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At building, etc. (Specify)	8e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOC City				and Number or R	ural Route Number,			
COMPLET	cone)	CIAN: To the beat of my knowledge,						use(e) and manner as stated.			
BE CC	19b. SIGNATURE AND TITLE OF CERTIFIER	and Desira	Q. A		29c. LICENSE NU	MBER	29d. DATE SIG	NED (Month, Day, Year)			
임	I W WATER IN THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S										

3. TIME OF DEATH

10d. INSIDE CITY LIMITS? 1 YES 2 NO

Approximate interval Batween Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

8. BIRTHPLACE (State or Fore Country)

14. RACE — American Indian, Black, White, etc. Specify: BLACK

REG. NO.

BALTIMORE, MARYLAND

nu physician.

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the completely filled in by the funeral director, page 5 should be death. TO THE FINEFALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deathed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at onc. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

2

		1. DECEDENT'S NAME (First, Middle, Last)			_					ATE OF DEA	TH	V	EAR 3	. TIME OF DEA
		Alberta	Ruth	Jo	nes					3	9		0	6:3
	ı	4. SOCIAL SECURITY NUMBER	/	VGE (In yrs	, lest birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS		ATE OF BIRT fonth, Day, Ye			BIRTHPL Country)	ACE (State or f
	1	217-20-8569	1 □ M 2 □ 🗡	7	O YRS.	MONTHS	DAYS	HOURS MIN	1	-	-19	7		N.C
	ľ	9a. FACILITY NAME (If not institution, give str		96. CITY, TOWN OR LOCATION OF DEATH					\Box	9c. COUNTY		тн		
TOR.		BON SECOURS	Hospital			BI	ALT	MORL	9		\perp	Ci	T4	
DIRECTOR		MD. 10b. COUNTY				BA		MOR	E					0d. INSIDE CIT LIMITS? YES 2
FUNERAL		100. STREET AND NUMBER 4403 SARRIS	DAI BL	VD			101	ZIP CODE	<u>(</u> -					AT COUNTRY?
S		11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S	ARMED			ENDENT OF HIS				r No 14.		- American Ind
BY F		1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR	YES 2, OR DATES				ecity Cuban, Mea 2 NO Sp		rto Rican, et	c.)		Specify:	
	- 11	15. DECEDENT'S EDUC (Specify only highest grade	CATION Completed	18a	DECEDENT'S					16b, KIND C	F BUSIN	NESS/INDUS	TRY	
COMPLET		Elementary/Secondary (0-12)	College (1-4 or 5+)		Domest	ise retired.)	suring mo	at or working						
COM		17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S	NAME (F	rst, Middle, M	felden St	ımame)		
2 m		Albert Groffin						CI	narl	otte	Pee	1		
8 8							(Street a	and Number or Ru	ral Route	Number, City	or Town.	State, Zip Co	de)	
2		Linda Lawrence 4403 Garrison							, Ba	1to.,	Md.	. 2:	1215	
examiner must be notined		20a. METHOD OF DISPOSITION	er niece)	SITION (Na	me of cer	metery, cremetory	or	20	Oc. LOCA	TION - City	or Town	n, State		
2		1 Burial 2 Cremation 3 Remo		Md.	Nat.	Mem.					Laur	rel, l	1d.	
	ı	21. SIGNATURE OF FUNEBAL SERVICE LIC	ENSEE	1		22. M	NAME AL	F/H W	FACILITY	7				
exau		· Loria.	Thran					Wabash						
0)69		23. PART i. Enter the disesses, or c	omplications that cs	used the	daath. Do	not anter	the mo	de of dying, a	uch as	cardlec or	respire	tory arres	i,	Approxir
E		shock, or heart failure. List only one cause on sech line. IMMEDIATE CAUSE (Final												
l, me	ı	disease or condition -> s. Langue respiration of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength												
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N N		Sequentially list conditions, 500 - 500 - 400 color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of the color of th												
CERTIFICATION		If any, leading to immediate cause. Enter UNDERLYING												
		CAUSE (Disesse or Injury												
or other		that initiated events resulting in death) LAST												
CE 17														1
AL C		PART II. Other eignificent condition	a contributing to dea	ith but n	not reaulting	in the ur	deriyin	g cause given	in Part	i. 24a. W	ERFORM		1	WERE AUTOPSY WAILABLE PRIO
WEDICAL		None.								101	YES 2	NO		COMPLETION OF DEATH?
													1	YES 2
AN S														
PHYSICIAN:		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF DEATH	(Check or	nly one)				
S		1 VES 2 NO	1 impatient 2 ER					ne 5 🗆 Residen	7		-			
36	100	1 Natural 5 Pending	(Month, Day, Y		28b. Til	JURY M	WC	JURY AT ORK?	284	. DESCRIBE	HOW IN.	JURY OCCUP	IED	
		2 Accident Investigation	28e. PLACE OF IN	IIIDV /	M hama farm			YES 2 NO	004	LOCATION	Otro at an	of Marchael	Ower Co	ata Musahan
Z8 IS		3 Suicide 8 Could not be determined	building, etc.	(Specify)	inversely specific	ouwet, IBC	y, UIIIC	•	201.	City or Town,		d Number or	nureir MO	ute Number,
COMPLET		29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my	knowledge	e, death occur	red at the t	ime, date	and place, and	due to th	e cause(a) a	nd mann	er as stated.		
E E		one) 2 MEDICAL EXAMINE												and manner as
		296 AGNATURE AND TITLE OF CERTIFIER	1/	7				29c, LICENSE	NUMBER			29d. DATE 9	IGNED /	Month, Day, Yee
B B		DU MAN ! A	MAR YOU	1.1	GIAL							D 2/		00

and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated.

0-4 is te- Piers

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DHMH-18 Rev 1/89

who is the grandest with the mid-

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within zo nours after death. Page forms	3	3
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NG	fter	E
END	R: A	99
ATT	ECTO S aff	1 28
DR	DIR	Te l
TAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral diverse, the filed within 72 hours after death with the State Dent, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
OSP	UNE	E E
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	FOR	STATE OF MARYLAND /	DEPART	MENT OF	HEALTH AND N	MENTAL HYGIE	NE	50	0000	
	1 - STATE REGISTRAR	CE	RTIFIC	CATE O	F DEATH	REG. N	0.			
	1. DECEDENT'S NAME (First, Middle, Last) ANA NA A	TAWIT	-Z			2. DATE OF DEATH MONTH	DAY / 9	YEAR 3.	TIME OF DEATH 30 P. M	
		. SEX 6. AGE (In yrs. last ☑ M 2 ☐ F 9 2		IF UNDER 1 YEA		7. DATE DF BIFTTH (Month, Day, Year) Feb. 1	,189	Country)	ACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give street	t and number)		Db. CITY, TOW	N OR LOCATION OF DE	ATH	9c. COL	INTY OF DEA	гн	
TOR	The Hebrew Hom	le		Rockt	ville		Mo	NIGO	MERY	
DIRECTOR	Md. 100. COUNTY Mont							1	Od. INSIDE CITY LIMITS? YES 2 X NO	
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE			TIZEN OF WHA	AT COUNTRY?	
剪	6121 Montrose				20852		US	A	-	
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married R Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 ☐ YES 2 ☑ NI IF YES, GIVE WAR OR DATES	MED D	If yes,	DECENDENT DF HISPAN, specify Cuben, Mexical YES 2 XNO Specify	n, Puerto Ricen, atc.)	fee or No—	14. RACE — Black, V Specify:, W n 1	American Indian, Vhite, atc.	
8	15. DECEDENT'S EDUCAT (Specify only highest grade con		CEDENT'S U	SUAL OCCUP	ATION	16b. KIND OF I	SUSINESS/IN	DUSTRY		
Ħ.		College (1-4 or 5+)	Do NOT use	retired.)	most of working					
ם		2 B	ookk	eeper	2	Pri	vate	Busi	ness	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, *4ald	en Surname)		<u>.</u> .	
	Elya Hefler				Rose	Grossma	n			
BE	19e. INFORMANT'S NAME (Type/Print)	19b	MAILING A	DDRESS (Stre	et and Number or Rural F			ip Code)		
2	Evelyn Fox	7	608	Masse	ena Rd.,	Besthes	da,	Md. 2	20817	
	20e. METHOD OF DISPOSITION ★ Burlel 2 ☐ Cremetion 3 ☐ Remove	20b. PLACE C	OF DISPOSIT	TION (Name of	cemetery, crematory or	20c.	LOCATION	- City or Town	, Stata	
	4 Donetion 5 Other (Specify)	Monti	fior	e Cer	netery	Lo	ng I	sland	l, NY	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE			es-Pearso] II	0200		
	► / 1/10 B) (1)				Falls Chu				0.046	
	23. PART I. Feter the diseases, or con	nplications that caused the dec	ath. Do no						Approximate	
	shock, or heert fellure. Lis	it only one ceuse on each line.		t ottot tilo	mode of dying, day	11 22 0210120 01 101	apiratory a	,,	interval Between Onset and Death	
	disease or condition resulting in death) a. RIGHT CEREBRAL INFARCT 3									
	DUE TO (OR AS A CONSEQUENCE OF):									
Z	Sequentielly list conditions.	CEKEB	RAL		EM BOL	1 ZM				
Ĕ	If any, leading to immediate									
5	cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEQ		(KIF	+L F115	KILLH	11017		1	
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQ	DENCE OF):							
H	d									
	PART II. Other aignificant conditions of	contributing to death but not re	esulting in	the underi	ying ceuse given in	Part i. 24a, WAS	AN AUTOPSY	24b. W	ERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL	RECURRENT	GASTRO-11	NTE	STIL	VAL BLS	-5()	ORMED?		MAILABLE PRIOR TO OMPLETION OF CAUSE	
ED					,,,	1 U YES	2 NO		F DEATH?	
Σ	-					- 1		'	YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			20	S. PLACE DF DEATH (Ch	t-set-set-				
2	EXAMINER?	OSPITAL:		OTHEB						
ا ≼	27. MANNER OF DEATH	Inpatient 2 ER/Outpatient 3 28e. DATE DF INJURY	2ab. TIME		Home 5 Reeldence	6 ☐ Other (Specify) 28d. DESCRIBE HD	W IN ILIMY O	CCLIBED		
	1 Natural 5 Pending	(Month, Day, Year)	INJU	RY	WORK?	Zuu, DESCRIBE ND	ii iiiooni o	CCORED		
BY	2 Accident Investigation	26e. PLACE OF INJURY — AI hor	me form etc			204 LOCATION (Com	ot and thumb	as as Guml Ga	olo. Africanhau	
8	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)	iro, iariii, ati	wer, ractory, t	olinea .	City or Town, Str	ate)	er or nurer nou	ne rumber,	
COMPLETED	29e. CERTIFIER			4.50		/				
<u> </u>	(Check only	N: To the best of my knowledge, des								
Ö	2 MEDICAL EXAMINER:	On the basic of examination end/or is	nveatigation.	, in my opinio	n, death occured at the	Ilme, date and place,	end due lo	the ceuse(e) e	nd menner ee stated.	
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	ATTENDI	NA	/	29c. LICENSE NUI	MBER	29d. DA	TE SIGNED (A	forith, Day, Year)	
	111119401	tro. PH	+4310	CIAN	(1) 18	084	▶ 5	1/2/9	0	
2	30 NAME AND ADDRESS OF PERSON WHO	COMOLETED CALLOS DE DEATH (FEE)	147.6	2.6.43				7	_	

1/100)-	town.	PIT	101	C1711	14
30. NAME AND ADDRESS	S OF PERSON	WHO COMPLETED CAUS	E DF DEATH (ITEM/	7) (Type,	Print)	
1) /) P.	ATEI	10:06	121	110	N/1005

202 REGISTRAR'S SIGNATURE Scalin Day doon Handell 31. DATE FILED (Month, Day, Year) MAR 1 4 1990

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	L HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest) Margaret R. Keenan KEENAN MARCIARET REJILY 63		3. TIME OF DEATH A
			BIRTHPLACE (State or Foreign Country)
l R	96. FACILITY NAME (If not institution, give street and number) St. 108ept 108ptice 10050N	9c. COUNTY	of DEATH
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 10c. CITY, TOWN OR LOCATION	1 20	10d. INSIDE CITY LIMITS?
	Baltimore Ctty 100. STREET AND NUMBER 101. ZIP CODE	10g. CITIZEN	1 YES 2 NO
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN	NO (Paralle Van er No. 1 de	USA
₽	11. MARITAL STATUS 1		RACE — American Indien, Black, White, atc. Specify: White
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 12 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Clerical	Dun & Brads	
COMPLET	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First,		
TO BE COM	19e, INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Rural Route Num	timore, Md.	21224
)	20s. METHOD OF DISPOSITION 1 K Burlel 2 Cremetlon 3 Removal from State 4 Donetlon 5 Other place) Moreland Memorial Park	20c. LOCATION — City Baltimo:	
examiner	21. SIGNATURE OF FUNETAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MITCHELL—WIEDEFE 6500 York Road	LD HOME, INC. Baltimore, 1	
rent, the medica	23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as can shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Out TO (OR AS A CONSEQUENCE OF):	tion	, Approximate interval Between Onset and Death
any injury, or other traumatic event, the medical	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF):		
	PART ii. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
or item 23 shows YSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	ine)	
	1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 4 ☐ Nursing Home 5 ☐ Rasidenca 8 ☐ Oth 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DE	er (Specify) SCRIBE HOW INJURY OCCUR	ED
B a	1 Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation 3 Suicide 2 Se. PLACE OF INJURY — At home, form, street, factory, office 28f. LO	CATION (Street and Number or I	Court Starte Number
m 28 is ETED		y or Town, State)	rurer noute number,
IMPORTANT: If Item O BE COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the calculation of the c		ause(a) end manner es stated.
MPORTA O BE C	296. SIGNATURE AND ATLE OF CERTIFIER 296. LICENSE NUMBER MARYCAPD	4 CEME > 3	IGNED (Month, Day, Year)
2	JOHN SOLD HE SOLD HE SOLD HE MARYLAND 30. NAME AND XIDORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ROGER THEODORE M.D. 6565 N.CHARLES	IT BALTO	D 21204
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE MAR 1 4 1990 32. REGISTRAR'S SIGNATURE		

**

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nust be notified at once.

1	-	STATE REGISTRAR	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CER	TIFICA	ILE OF	DEATH	R	EG. NO.	_				
	1. DECEDENT'S NAME (First, Middle, Last) KATHERINE 0. KIMME	L			2. DATE OF DEMONTH	DEATH DAY	/ 90°	7.00 Am			
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 X F 63	thday) IF U		IF UNDER 24 HRS, HOURS MIN,			Cor	ATTINPLACE (State or Foreign mitry) Tyland			
TOR	98. FACILITY NAME (If not institution, give street and number) GOOD Samaritan Hospital RESIDENCE OF DECEDENT			OR LOCATION OF DE			BAL	TI MORE			
<u>입</u>		e, CITY, TOY	WN OR LOCA	ION				10d. INSIDE CITY			
L DIR	Maryland Baltimore		ltimor	е				1 TES 2 NO			
FUNERAL DIRECTOR	260 Stanmore Rd.			21212			USA	F WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		If yes, sp	ENDENT OF HISPAN ecity Cuban, Maxicar 2 NO Specify	n, Puerto Ricen		fee or No— 14. RACE — American Indian, Black, White, etc. Specify: White				
	15. DECEDENT'S EDUCATION 18a. DECED (Specify only highest grade completed) (Give k	ENT'S USUA	L OCCUPATIONS during mo	ON at ad unadded	16b. KIN	D OF BUSIN	ESS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	omemal	ed.)	at or working		Horr	ie				
8	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAI	ME /First Middle	a Maiden Si	emama)				
	Leo J. Oaster	agher	,								
BE	19s. INFORMANT'S NAME (Type/Print) 19b. M.	AILING ADD	RESS (Street)	nd Number or Rural F	loute Number, C	City or Town,	State, Zip Code)				
임				Rd. Balti			21212				
	20a, METHOD OF DISPOSITION 20b. PLACE OF I			netery, cremetory or			TION — City or	Town, State			
	1 M Burtal 2 Cremation 3 Removal from Stata other piece) 4 Donetion 5 Other (Specify) New Ca				Maryland						
	21. SIGNATURE OF PUNERAL SERVICE LICENSPE		22. NAME A	D ADDRESS OF FAC	liedefe						
	James F. Burnside, Jr.			500 York							
CERTIFICATION	ahock, or heart fellure. List only one ceuse on each lina. Interval Between Onset and Death Interval Between Onset and Death Cardio - Yespiratry awest. Due To (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due To (or as a consequence of): Due To (or as a consequence of):										
	PART II. Other algnificant conditions contributing to death but not resu	illing in th	e underlyln	g cause given in	Part I. 24	n. WAS AN A	UTOPSY	24b. WERE AUTOPSY FINDINGS			
: MEDICAL						PERFORM YES 2		MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL		28. P	LACE OF DEATH (Ch	eck only one)		_				
2	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inputient 2 ER/Outpetlant 3		HER:								
Y PHYSICIAN:	27. MANNER OF DEATN 28s. DATE OF INJURY (Month, Day, Year) 21	8b. TIME OF INJURY	28c. IN	NO 5 Residence			JURY OCCURED				
TED BY	2 Accident investigation 3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, building, etc. (Specify)	farm, street	, factory, offi	0	28f. LOCATIO City or To	N (Street an own, State)	d Number or Ru	ral Route Number,			
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation.							so(a) and manner as stated.			
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER HOUSE - OFFICEL 296. LICENSE NUMBER 29d. DATE SIGNED (Morgh, Day, Year) > 03/08/90 7 AM										
	Thing of the Congression	1) (Type, Print	Hos	pital	BALT	MOR	E MI	PRY LAND			
	MAR 1 4 1990 State Deviden Pander										

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely miled in by the funeral director, page 5 should be detain		IMPORTANT: It liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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After	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	E
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

										1	
FOR 1 - STATE REGISTRAR	STATE OF MAR		ARTMENT				MENTAI		E		
1. DECEDENT'S NAME (First, Middle, Last)		CERTI	FICALL	Or	DEAL	11	2 DATE	REG. NO.			3. TIME OF DEATH
	rolczyk	A NIMILIONI	V T	Trys			MONTI	1 DA		EAR	12÷10 pM
4. SOCIAL SECURITY NUMBER		GE (In vrs. lest birthda			IF UNDER			= 11 = C		BIRTHPI	LACE (State or Foreign
214-18-7221	1 N 2 D F	8.7	MONTHS	DAYS	HOURA	MIN.	(Month	2-25-		Country)	
9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY,	TOWN C	R LOCATIO	N OF DE	EATH		9c. COUNTY	OF DE	ATH
CHURCH HOSP	ITAL CORI	PORATION	В	ALT	IMOR	E C	CITY				
10s. STATE 10b. COUNTY		10c. (CITY, TOWN O	R LOCAT	ION					Τ,	IOd. INSIDE CITY
MD BALTIMORE CITY											LIMITS?
10e. STREET AND NUMBER				101	ZIP CODE	NY S	212	14	10g. CITIZEI	OF WH	A COUNTRY?
36 6 F.CH	ODALE AVE		13. V	WAS DEC				? (Specify Yes	or No — 14	RACE -	- American Indian.
1 Never Married 2 Merried	FORCES? 1 Y	ES 2 NO	11	yes, sp	2 NO	, Mexica	n, Puerto I	Rican, atc.)		Black,	White, etc.
3 Wildowed 4 Divorced						Specin					HITE
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5 +)	18e, DECEDEN (Give kind life, Do NO	T'S USUAL OC of work done d T use retired.)	CUPATIO	ON at of working	7	16b.	KIND OF BUS	INESS/INDUS	TRY	
GTH GRADE	Conege (I-4 of 5 +)	WALL	PAF	ER	1+	AN	LER				
17. FATHER'S NAME (First, Middle, Last) UNKNOW	N				18. MOTH	ER'S NA	ME (First, I	Jow/	Surname)		
190. INFORMANT'S NAME (Type/Print) WANDA D	MANN		-	(Street				ber, City or Town			7,771
20e. METHOD OF DISPOSITION		20b. PLACE OF DIS	POSITION (Nai	me of cer		5 etory or			CATION — CIT		n, State
1 Donetton 5 Other (Specify)		HOLY	ROS						1270.		
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1	22.1 E	DW/	ARD ADDRES	J.	WE.	BER	FUNE	RA	L HOME
Mard &	neve	2	5	01	5,	CH	E576	ER S	Ti		
23. PART I. Enter the diseases, or cahock, or heart failure.			o not antar	tha mo	da or dyli	ng, auc	n aa card	mac or reap	ratory arrea	τ,	Approximata interval Between Onset and Death
iMMEDIATE CAUSE (Final disease or condition reaulting in death)	51	AS A CONSEQUENCE	ASPJ	RA,	LTÖN	PN	UEMO	ONIA			
					1						
Sequentially list conditions, if any, laading to immediate	DUE TO OR	AS A CONSEQUENCE	OF):	rein	THE .						
cause. Entar UNDERLYING CAUSE (Disease or Injury	c										-
that initiated events resulting in death) LAST	DUE TO (OR a	AS A CONSEQUENCE	E OF):								
	d										+
PART II. Other significant condition	s contributing to dea	th but not reaulti	ng in the un	dariyin	g cause g	lven in	Part I.	24s. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
								1 YES 2			COMPLETION OF CAUSE DF DEATH?
										1	1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					LACE OF DE	EATH (C)	eck only or	10)			
1 YES 2 NO	HOSPITAL: 1 1 tnpatient 2 ER/	Outpatient 3 🗆 DO	OTHER		ne 5 🗆 Re	aldence	6 🗆 Othe	r (Specify)			
27. MANNER OF DEATH 1 Natural 8 Pending	28s. DATE OF INJU (Month, Day, Ye	IRY 28b.	TIME OF INJURY	WC	BURY AT		28d. DE:	SCRIBE HOW I	NJURY OCCU	RED	
2 Accident Investigation			М		YES 2	NO					
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN- building, atc.	BURY — At home, far (Specify)	m, street, fact	ory, offic			28f. LOC City	aTION (Street or Town, State)	and Number or	Rural Ro	oute Number,
290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my i	nowledge death on	urned at the ti	lme, riete	end place	and du	to the ca	use(e) and me	ner se stated		
anal anal	R: On the besie of examin										and menner ee stated.
29b, SIGNATURE AND TITLE OF CERTIFIE	10				29c. LICE	NSE NU	MBER		29d. DATE S	SIGNED ((Month, Day, Year)
Ath	for or				1	37	366		> 3	711/	190
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O			5/	100	~R	ord	\sim , B_{\circ}	Ito, n	10.	x1231
31. DATE FILENIAR 141990	STAND DOWN	SIGNATURIS ON CA	il.					/	1		

BALTINORE, MARYLAND 21203-3146	the form of the hospital or attending physical	al martin, pare an outid be detached for use as the bunia	ner must be notifled at once.
	1 24 hours after death.	y filled in by the funer	the medical exami
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral properties of the detached for use as the bunian and attending the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties o	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH P YEAR MARCH 8 1990 THEODORE ALANSON KELLY 2:39 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 🙀 M 2 🗌 F 064-26-2640 56 JULY 15 1933 NEW YORK 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NATIONAL NAVAL MEDICAL CENTER **BETHESDA** MONTGOMERY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION IOd. INSIDE CITY VIRGINIA FAIRFAX 1 YES 2 NO **FAIRFAX** FUNERAL 10s. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2711 ELSMORE STREET 22031 UNITED STATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 X Married 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced 1955-1986 WHITE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Spec Elementary/Secondary (0-12) College (1-4 or 5+) DEFENSE U. S. NAVY once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) 76 OSWALD JOSEPH KELLY BE RUTH ELEANOR HAFF notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 CATHERINE KELLY 2711 ELSMORE STREET. FAIRFAX. VA 22031 pe 20g. METHOD OF DISPOSITION

1 Buriel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must Arlington National Cemetery Arlington, Va. Donation 8 Other (Specify) examiner 21. MATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Murphy Funeral Home ameun 1102 W. Broad St Falls Church medical 23. PART I. Enter the diseases, proomplications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Finel** Onset and Deeth the disesse or condition CHRONIC OBSTRUCTIVE PULMONARY DISEASE event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF)if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST 0 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE any 1 YES ZX NO OF DEATH? shows a 1 YES 2 NO PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpetient 2 X ER/Outpetient 3 DOA 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 Is 6 Could not be determined COMPLETED 4 Homicide Item 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE, OF 29¢ LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE > 9 Mar 90 2

MARK 1. GEORGIADIS 32. REGISTRAR'S SIGNATURE Davidson

MC,

WHO DOMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

USN

DHMH-18 Rev 1/89

NATIONAL NAVAL MEDICAL CENTER

BETHESDA, MD 20814-5011

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Yours after death. Page 6 Few March and the hospital or attending physic management of the attending physics or the parties and properties and properties of the attending physics and properties of the parties of the parties and properties and properties and properties and properties and properties and properties are the parties of the parties and properties are the parties of the parties are the parties and properties are the parties of the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties are the parties	to Inc. Porcha, but the time contribute has been signed by the account of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COME ETER BY BUYCLAIM, MEDICAL CEDITION
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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART					YGIENE EG. NO.				
	1. DECEDENT'S NAME (Figst, Middle, Last)	ANGELA MARY		C		7	2. DATE OF D	DEATH DAY	90 90	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 222-12-4649 222-12-7649	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YE	7	24 HRS. 7	Month, De	727-	7	BIRTHPLACE (State of Econogra Country) LLINOIS (124/NO/S		
70R	9e. FACILITY NAME (If not institution, give s	Hospital	180	96. CITY, TOY	OW S	ON OF DEAT	TH 7	7	OF DEATH Baltimore			
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNT Maryland N	/A		nown on Lo			20	10d. INSIDE LIMITS?				
	100. STREET AND NUMBER 1646 Sherwood		10f. ZIP CODE	1.239		109. CITIZEN OF WHAT COUNTRY? USA						
BY FUNERAL	11. MARITAL STATUS Never Married 2 Married 3 Widowed 4 Divorced	If yes	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify If yes, specify Cuban, Maxican, Puarto Rican, atc. 1 YES 2 KMD Specify:					RACE — American Indian, Black, Whita, etc. Specify: White				
COMPLETED		Elementary/Secondary (0-12) College (1-4 or 5+)					rk done during most of working retired.)					
BE COM	17. FATHER'S NAME (First, Middle, Lest) John Joseph Lato		18. MOTNER'S NAME (First, Middle, Melden Sumarne) Katherine Novoryta									
TO B	198. INFORMANT'S NAME (Type/Print) Josephine Riley 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1646 Sherwood Ave. Balto Md 21239											
	METHOD OF DISPOSITION 1 N Burlet 2 Cremation 3 Rem 4 Densition Other (Specify)		b. PLACE OF DISPOS Other plece) Cathedral	. Cemet	cery	netory or				or Town, Stata n Delaware		
	21. SIGNATURE OF FUNERAL SERVE OF DENNIS Steph	BROW YEAR	Ri		e and address			Home	6500	York Rd 21212		
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final	List pnly one cause on a	ach lina.			-				Interval Between		
	disease or condition resulting in deeth) s. Aut My crar drol Infarture Due to (or as a consequence of):											
ATION	IMMEDIATE CAUSE (Final disease Dr condition resulting in deeth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF):											
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS a	A CONSEQUENCE OF									
MEDICAL	PART II. Other algnificant condition	ne contributing to death i	but not resulting l	n the under	lying cause	given in Pa		PERFORM	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	andless 2 DOA	OTHER:	6. PLACE DF D			19.		I		
4	27. MANNER OF DEATN Netural 5 Pending	28a, DATE OF INJURY (Month, Day, Year)	28d. DESCRI		URY OCCUR	MED						
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide detarmined	cide 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)						YES 2 NO 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLE	cont.	ICIAN: To the best of my know								ause(a) and manner as stated.		
BE C	200. BUSINATURE AND TITLE OF CERTIFIE	the mo				ENSE NUMB	1 3 7		29d. DATE SI	IGNED (Month, Day, Year)		

DK.

NESMOZ

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ND 21203-3146

BALTIMORE, MARY

menus in attending physician.	in memory to use as the burial-transit permit. Pages 1, 2, 3 should)	once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-4 fours after death. Page 6 may be inclined by the manner of attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages 5 amounts in more than the use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to bunal, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILEO (Month, Day, Year)
MAR 14 1990

	FOR 1 - STATE	STATE OF MARYLAND /			MENTAL HYG	IENE	20 0038					
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) Benne Lewis 4. SOCIAL SECURITY NUMBER	Jr		OF DEATH	2. DATE OF DEAMONTH 3	TH DAY	S. TIME OF DEATH					
l	224-18-0891	1 × M 2 □ F 65	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye	1924	BIRTHPLACE (State or Foreign Country)					
TOR	Bon Secours to spital Baltimore. Besidence of decedent Besidence of decedent Besidence of decedent											
DIRECTOR	10s. STATE 10b. COUNTY		Batty	m ore			10d. INSIDE CITY LIMITS? 1 YES 2 NO					
FUNERAL	100. STREET AND NUMBER 2/2/ W. Saratoga St. 101. ZIP CODE 109. CITIZEN OF WHAT											
В	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa											
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed) (Gi	CEDENT'S USUAL OF we kind of work done of Do NOT use retired.)	CCUPATION during most of working	16b. KINO 0	F BUSINESS/INDUS	TRY					
BE COM	17. FATHER'S NAME (First, Middle, Last) Bennie Lewis	, 5r		Girlie	ME (First, Middle, M	4						
2	194, INFORMANT'S NAME (Type/Print)	015	2/2/ W	Street and Number or Rural . Savatuge	Route Number, City of	Balt	n Md 21223					
	20a, METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	20b. PLACE (other pla		me of cometery, cremetory or	Berk 1	2 LOCATION - CIR	y or Town, State					
	21, SIGNATURE OF FUNERAL SERVICE LICE	March	22.	NAME AND ADDRESS OF FA	Wast	sh Av	e					
		omplications that caused the de- lat only one cause on each line.	ath. Do not enter	the mode of dying, suc	th as cardiac or	respiratory arres	t, Approximate Interval Between Onset and Death					
	IMMEDIATE CAUSE (Final disease Dr condition resulting in death) a. Up Des Gratros-testsul Bleed Iwell Due to (or AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING											
ERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):									
MEDICAL	PART II. Other significant conditions	contributing to death but not restart Coma	esulting in the ur	nderlying cause given in	PI	AS AN AUTOPSY ERFORMED? ES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE	26. PLACE OF OEATH (Ch	neck only one)							
HYSI	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 3 28a. DATE OF INJURY (Month, Day, Year)	DOA 4 Nur	sing Home 5 - Residence		ON INJURY OCCU	RED					
BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At he building, etc. (Specify)	INJURY M me, farm, street, fac	WORK? 1 YES 2 NO	251. LOCATION (S City or Yown,	Street and Number or State)	Rural Route Number,					
COMPLETED	and only	CIAN: To the best of my knowledge, de										
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	t: On the basis of examination and/or i	mvesigation, in my (29c. LICENSE NUI	MBER		BIGNED (Month, Day, Year)					
2	30. NAME AND ADDRESS OF PERSON WHO	NAME		174 7								

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Injury,

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Item

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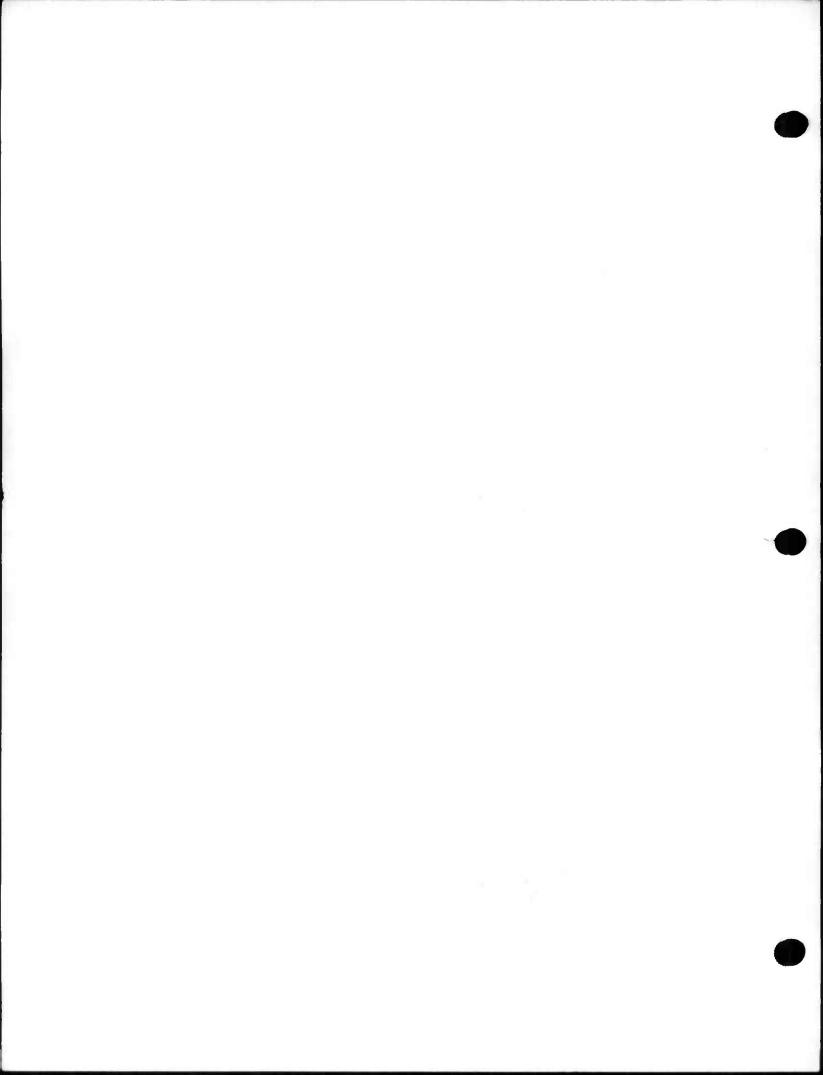
marked,

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prior to

filled in by completely filled rial, cremation, executed within and corr o burial, signed by the attending physician Health and Mental Hygiene prior to certificate be the death t, of h has be Dept. MP The r this certificate h FUNERAL DIRECTOR: After within 72 hours after death DIVISION OR ATTENDING TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE be filed within 72 hours at IMPORTANT: If Item 24

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 2-25-90 LOUIS MC CLELLAN 4:32PM 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 XM 2 F 54 219-32-0425 1/3/36 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 521 W. Lexington Street Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. BALTIMORE 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 521 W. LEXINGTON ST. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1X YES 2 NO secify Cuban, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: Specify: ВҰ 3 Widowed 4 Divorced BLACK ETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elemantary/Secondary (0-12) College (1-4 or 5+) COMPL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 20a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town. State 1 Burlei 2 Cremetion 3 Removel from State ofth
4 Donation 5 Nother (Specify) In-State removal 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 3-14-96 STATE ANATOMY BOARD, BALTO., MD. 21201 23. PART V. Enter the disesses, of complications that ceused the death. Do not enter the mode of dying, such as cerdisc or respiratory errest, shock, or heart failure. Liet only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Finsi disesse or condition_ Arteriosclerotic cardiovascular disease and diabetes mellitus resulting in death) DUE TO (OR AS A CONSEQUENCE OF)-CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in desth) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 YES 2 100 OF DEATH? 1 TES XXXIVO INSPECTION PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: lient 2 - ER/Outpatient 3 - DOA me XXX Besidence S - Other (Specify) 4 - Nursing Ho 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 XXX Watural 5 Pending 1 YES 2 NO В 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide BE-COMPLETED 6 Could not be 4 Homicide 200 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. XXXX MEDICAL EXAM investigation, in my opinion, death occured at the time, date and place, and due to the causs(a) and manner as stated. 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 2-26-90 OCME 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JULIA C. GOODIN. 111 Penn Street, Baltimore, MD 21201 VC 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) Lika Davidson Bandall MAR 1 5 1990



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4	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, o	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the m
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must be notified at once.

	1 - STATE REGISTRAR	S	TATE OF MAR					DEAT		MENTAL	REG. NO.				
	1. DECEDENT'S NAME (First, Middle	le, Last)	JOH	NIE M				D = 7.1		2. DATE O	F DEATH			3. TIME OF DEATH	
	Johnnie	m		tin.						D3	DAI	r.	YEAR	0705 "	
	4. SOCIAL SECURITY NUMBER	-		GE (In yrs. last	birthday)	IF UNDER		IF UNDER		7. DATE O	F BIRTH		6. BIRTH Countr	PLACE (State or Foreign	
	563-38-5806	1)	2 □ F (54	YRS.	MONTHS	DAYS	HOURS	MIN.	11	Day, Year) -24-2	5	Cal	ífornia	
	9a. FACILITY NAME (If not institution												NTY OF DEATH		
OR	Baltimore Cour		neral Hos	spital		Randallstown Baltimon								more	
2	RESIDENCE OF DECEDE 10a. STATE 10b.	COUNTY			10c, CIT	Y, TOWN	OR LOCAT	ION				10d, INSIDE CITY			
E I	Maryland C	Carrol	1		Sykesville									LIMITS?	
اد	10e. STREET AND NUMBER				101. ZIP CODE							10g. CIT	VHAT COUNTRY?		
ER/	6606 Carroll	Highl	ands Rd					217	84						
FUNERAL DIRECTOR	11. MARITAL STATUS		WAS DECEOENT EVI	R IN U.S. ARK	NED.						(Specify Yea	or No-	14. RACE	E — American Indian, k, Whita, etc.	
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	3 Widowed 4 Divorced														
H	t5. DECEDENT (Specify only highe			(Gh	re kind of	Work done se retired.)	durina mo	ON at of working	10	16b. I	KIND OF BUS	INESS/IN	DUSTRY		
ا ۳	Elementary/Secondary (0-12)	Co	ollege (1-4 or 5+)	1							Const	muct	ion		
COMPLETED	17, FATHER'S NAME (First, Middle, I	Superintendant Construction 18. MOTHER'S NAME (First, Middle, Maiden Surname)													
BE	19a. INFORMANT'S NAME (Type/Pri	19b.	. MAILING	AODRES	S (Street a	nd Number			or, City or Town	State Zi	in Code)				
2	Carolyn E. Ma	artine	7.											d. 21784	
	200. METHOD OF DISPOSITION		OF DISPO	06 Carroll Highlands Rd. Sylesville Md DISPOSITION (Name of commotory, cremetory or 20c. LOCATION — City or Town											
	MX liuriel 2 Cremation 3 4 Other (Speci	d Ridge Cemetery						Pikesville, Maryl							
	21. SIGNATURE OF FUNERAL SER	WICE LICENS	EE NO	0		22. NAME AND ADDRESS OF FACILITY									
. 1	Dennis Ste		2 Kena	Ru		м	itah	-11-	Wind	ofold	Lomo	650	0 V 0	rk Rd 21212	
1	23. PART i. Enter the disease	es, or com	plications that cau	sed the dea	th. Do		-							Approximate	
	ahock, or heart f	feilure. List	only one ceuse of	n each line.										Interval Between Onset and Death	
	deeses or condition														
	DUE TO (OR AS A CONSEQUENCE OF):														
z	Samuelielly list conditions . Atheroscherotic Coronary Vascular Disease														
임															
2	CAUSE (Disease or Injury														
E	that initiated eventa Due TO (OR AS A CONSEQUENCE OF): resulting in death) LAST														
CERTIFICATION	d.														
CAL	PART II. Other significant co				sulting	In the u	nderiyin	g cause	given in	Part I.	24s. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS	
	Compspire 1				4					_	1 YES 2	No		COMPLETION OF CAUSE OF DEATH?	
ME	merlin-de	pend	ent D	va be	es	1	tell	obu	5	_		•		1 YES 2 NO	
ä		<i>V</i> .													
PHYSICIAN: MED	25. WAS CASE REFERRED TO MED EXAMINER?		OSPITAL:			OTHE		ACE OF D	EATH (Ch	eck only one)				
YSI	1/2 YES 2 □ NO	1 [Inpatient 2 K ER/			4 🗆 Nu	rsing Hon		esidence	6 C Other					
	27. MANNER OF DEATH 1 Natural 5 Pendi	ina	(Month, Day, Ye		26b, TIR	JURY	WC	URY AT	7	28d. OE\$0	CRIBE HOW II	NJURY O	CCURED		
ВУ	2 Accident Invest	tigation	28e. PLACE OF IN-	IIIDV — At hou	no form	elevat for		YES 2	_ NO	264 1 004	TION (Street o	and Mounts	as as Overal	Deute Number	
G	3 Suicide 6 Could 4 Homicide determ		building, etc.	Specify)	110, 101111,	on out, 100	nory, one			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER														
MP	(Check only		i: To the best of my i											a) and manner as eleted	
8	2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time									aria piaca, ari					
H	SOUND AND TITLE OF C	96. SIGNATURE AND TITLE OF CERTIFIER						29c. LIC	ENSE NUI	LU		29d, DA	TE SIONE	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PER	SON WHO CO	OMPLETED CAUSE O	F DEATH (ITEM	1 273 (Tors	. Print)		10	-00	0		03/4/70			
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	31. DATE FILED (Month, Day, Year) MAR 1 4 199	20	30 REGISTRAN'S	SIGNATURE	date		- 1 8		777	W.I	1-0-				
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a neuron after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examine
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	10	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it of fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMP

	FOR STATE REGISTRAR	STATE OF M	ARYLAND / DI Cer	EPARTMEN TIFICAT					YGIEN EG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last) Dorothy Miriam	Morgan						2. DATE OF MONTH	04	- 90	YEAR 3.	8:10 p M		
	4. SOCIAL SECURITY NUMBER 216-10-4421	1 □ M 2-□F	8. AGE (In yrs. lest bir	YRS. MONTHS	DAYS	HOURS	R 24 HRS.	7. DATE OF 8 (Month, Da 1,0-3	BIRTH v. Year)		Mary Mary	ACE (State or Foreign		
TOR	96. FACILITY NAME (If not institution, give st Manor Care, Ruxt			WSOI		ION OF DE	ATH			ltimoi	re County			
DIRECTOR	10a. STATE 10b. COUNTY Maryland		10	oc. city, town Balti			у					d. INSIDE CITY LIMITS? XYES 2 NO		
FUNERAL	618 Walker Avenu		10	21, 21				-	S.A.	T COUNTRY?				
BY	11. MARITAL STATUS 1 To Never Merried 2 Merried 3 Widowed 4 Divorced	13	WAS DEC	ENDENT (OF HISPAN an, Mexica Specify	IIC ORIGIN? (S n, Puerto Rice "	pecify Yes n, etc.)	or No—	14. RACE — Black, W Specify:	American Indien, Thita, atc. White				
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	20e. METHOD OF DISPOSITION 1		20b. PLACE OF other place)	d Ridge	Cen	neter	У				ille,	Maryland		
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	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) s. Asute Asan Gastrosntostand blacking 1 blacking										Approximate interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											8 nonte		
_	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY FI											MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?		
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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPAR					MENTA	L HYGIEN	_		00000
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			TIME OF DEATH
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- 8	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	B. AGE (In yrs. last birthday) IF U			AR IF UNDER 24 HRS.			OF BIRTH		BIRTHPL	ACE (State or Foreign
	214-07-4006	1 🗆 M 2 💢 F	72	YRS.	MONTHS	DAY8	HOURS	MIN.	1	th, Day, Year)	,	Country)	ng,Ohio
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DIRECTOR	BOX 86 Rt 36			121			oni	19			ALL	agan	_
35	10a. STATE 10b. COUNTY			10c. C/1	Y, TOWN (OR LOCAT	TION						d. INSIDE CITY
		egany		I.	onac								YES 2 NO
FUNERAL	100. STREET AND NUMBER Rt 36 Box 86					101	ZIF COD	_					T COUNTRY?
N N	11. MARITAL STATUS						215				US		
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B	3X Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES			1 TYES	2 XNO	Specify	y:			Specify:	White
ED	15. DECEDENT'S EDUC	CATION	18a. C	DECEDENT'S	USUAL O	CCUPATIO	ON	_	161	b. KIND OF BU	SINESS/INDU	STRY	
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립	Unknown			Waits	ress					Resta	urant		
COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Maiden	Surname)		
BE (William H.Mye	ers						L	ina	B. Gr	een		
10	19a. INFORMANT'S NAME (Type/Print)							r or Rural	Floute Nun	aber, City or Tow	m, State, Zip C	iode)	
-	Edna Lease			M:	idlar	id, I	Md.						
	20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Ram	oval from State	20b. PLAC	e of dispo	SITION (No	ame of cer	metery, crei	matory or			CATION — CI		
	4 Donation 5 Other (Specify)						Lon	aconir	ig,Md	•			
	21. SIGNATURE OF FUNERAL SERVICE LIC	22. NAME AND ADDRESS OF FACILITY Boal-Warnick Funeral Home											
	7. 4 Jays	1 Bo			1					Wester H		ма	
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Chronic obstructive pullmonary disease a. Chronic obstructive pullmonary disease b. Chronic smoker Due to (or as a consequence of): Due to (or as a consequence of): oue to (or as a consequence of): oue to (or as a consequence of):												
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	PART II. Other eignificent condition	s contributing to	daath but no	t reaulting	In the U	nderlyln	g cause	given in	Part I.	24a. WAS AN			ERE AUTOPSY FINDINGS MILABLE PRIOR TO
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E	27. MANNER OF OEATH	26a. DATE O (Month,	F INJURY Day, Year)	28b, TH	ME OF		JURY AT		28d, OE	SCRIBE HOW	INJURY OCCU	REO	
BY	Natural 5 Pending Investigation				M	1 []	YES 2	NO					
3 Suicide 6 Could not be building, atc. (Specify) 288. PLACE OF INJUHY — At home, farm, street, factory, office building, atc. (Specify)										r Rural Rou	te Number,		
4 Homicide determined								ony or comp ording					
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the best of											nd menner as stated.
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BE	Mary /						agu, Ell	D09			DATE DATE		
2	30. NAME AND ADDRESS OF MERSON WH	IO COMPLETED CAL	JSE OF DEATH (I'	TEM 27) (Tvp	e, Print)			בטע	101			3/.	12/90
1	Yaul Snow, M.					1 7.7	2 - 7	C+	Class	ala ser	2150	2	
	31. DATE FILEO (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE	34	14	± VV	500	SE	CIII	IID MI)	7150	_	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may inverse that	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, paying sevent be filed within 72 hours after death with the State Dent, of Health and Mental Hoplene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified and
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	1 - STATE STATE REGISTRAR	ATE OF MARYLAND		MENT OF H		ENTAL HYGIENI REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATH	Y YEAR	3. TIME OF DEATH			
	McCauley, James E					3 - 1	1-90	17:25 M			
	4. SOCIAL SECURITY NUMBER 5. SET 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6. AGE (In yrs. le		IF UNDER 1 YEAR	IF UNDER 24 HRS. 7	(Month, Day, Year)	Coun	HPLACE (State or Foreign try) NNSYLVANIA			
	9a. FACILITY NAME (If not institution, give street and		YRS.	ab CITY TOWALO	R LOCATION OF DEAT		14 PE				
æ							SC. COUNTY OF	DEATH			
5	Union Memorial Hospital Baltimore City RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. INSIDE CITY										
DIRECTOR	MARYLAND 106. COUNTY		ON RE	10d. INSIDE CIT							
- 0	104. STREET AND NUMBER				ZIP CODE		1 X YES 2 NO				
FUNERAL	3518 BEECH AVENUE				21211		USA				
5	50	AS DECEDENT EVER IN U.S. AIDRCES? 1 YES 2 Y			ENDENT OF HISPANIC city Cuben, Mexicen, I	ORIGIN? (Specify Yes	or No- 14. RAC	E — American Indian, ck, White, etc.			
BY		YES, GIVE WAR OR DATES		1 TYES		Dario Ricari, etc.)		Specify: WHITE			
	15, DECEDENT'S EDUCATION	16a. D	ECEDENT'S U	SUAL OCCUPATIO	N	16b. KIND OF BUS	INESS/INDUSTRY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	(Specify only highest grade complete Elementary/Secondary (0-12) Colle		Give kind of wo e. Do NOT use	rk done during mos retired.)	t of working						
COMPL	12TH		WELD	ER							
	17. FATHER'S NAME (First, Middle, Last) GUY F. McCAULEY					B. SNELL					
BE	190. INFORMANT'S NAME (Type/Print)	11	9b. MAILING A	ADDRESS (Street or		D . SINELLE.					
임	JANICE E. MacDONALD					ON, MARYL		04			
	26e. METHOD OF DISPOSITION 1 ♥ Buriel 2 □ Cremetion 3 □ Removal fro	m State Other p	viace)	TION (Name of cem			CATION — City or 1	fown, State			
	4 Donation 8 Other (Specify)	ST.	MARY"		ERY (HAMPI		LTIMORE,	MARYLAND			
	21. SIGNATURE OF SOMERIAE SERVICE LICENSEE	01				Z, JR. FUNERAL HOME					
	23. PART I. Enter the diseases or compile	0039	anth Do no	3818 F	ROLAND AVI	ENUE BAL	ro. MD.				
	ehock, or heert fallure. List or	ly one cause on each lin	ie.	A SINGLE THE IIIO	de of dying, such t	a cardiac or respi	retory arrest,	Approximate interval Batween Onset and Death			
	immediate cause (Final / disease or condition resulting in death)	Respirator -	1 Fa	Just	20 PM	e lamon l'		Oliset and Death			
	resoluting in dealth)	DUE TO (OR AS A CONS	OUENCE OF)			200 0.(12					
NO	Sequentially list conditions, Due to (or as a consequence of):										
CATION	if eny, leading to immediate cause. Enter UNDERLYING	DOL TO (ON AS A CONSE	EOOENGE OF)	•							
RTIFIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	EQUENCE OF)	:							
w II	resulting in death) LAST										
2	PART II. Other significent conditions cont	ributing to death but not	resulting in	the underlying	cause given in Pa	ert I. 24a. WAS AN		b. WERE AUTOPSY FINDINGS			
2						1 TES 2		COMPLETION OF CAUSE OF DEATH?			
MEDIC						_		1 TYES 2 NO			
AN.	25. WAS CASE REFERRED TO MEDICAL			0.7 04	ACE OF DEATH (Check						
SICI	EXAMINER? / HQS	PITAL:		OTHER:							
25. WAS CASE REFERRED TO MEDICAL. EXAMINER? 1 YES 2 JANO John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John John											
BY	1 Natural 5 Pending 2 Accident Investigation	en.	-	M 1 🗆 Y	ES 2 NO						
288, PLACE OF INJURY — At home, farm, street, factory, office 1 281, LOCATION (Street and Number of Rural Route Number											
ш	29e. CERTIFIER										
COMPLETED	CERTIFEIN Check only One) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated. (Check only One) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and menner as stated.										
O BE	296. SIGNATURE AND TITLE OF BERTIFIER	Lee MD			29c. LICENSE NUMB	ER	≥ 3 1	(Morith, Dey, Year)			
	30. NAME AND ADDRESS OF PERSON WHO COM	LETEO CAUSE OF DEATH (IT	-		. Univ	PKWy,	Bult.	MD 21218			
	MAR1 4 1990 Side	2. REGISTRAR'S SIGNATURE	1			1-7					
	MANT Z 1990 Angel	AND COM- HONDON						DHMH-16 Rev 1/89			

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)
WEST VIRGINIA

4. SOCIAL SECURITY NUMBER

218-14-8517

IF UNDER 1 YEAR MONTHS

DAYS

HOURS

HUNTER DAVID MCLAUGHLIN

66

6. AGE (In yrs. lesi birthday)

5. SEX

1 🔯 M 2 🗌 F

7. DATE OF BIRTH (Month, Day, Year) 10-31-1923

YEAR

1990

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ed at once.

	9a. FACILITY NAME (If not institution, give street and number)				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF						Н	
DIRECTOR	FRANCIS SCOTT KEY MEDICAL CENTER RESIDENCE OF DECEDENT				BALTIMORE CITY							
<u>ස</u>					c. CITY, TOWN OR LOCATION 10d. INSI							
	MARYLAND BALTIMORE				DUNDALK						LIMITS?	
A	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CITI	ZEN OF WHA	T COUNTRY?	
FUNERAL	1915 INVERTON ROAD				21222					U.S.		
5	11. MARITAL STATUS 1 Never Merried 2 Merried 12. Was DECEDENT EVER IN U.S. ARM FORCES? 1 YES 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 12. WAS DECEDENT EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM FORCES EVER IN U.S. ARM			13.	WAS DEC	ENDENT OF HISPAN ecify Cuben, Mexicer	IC ORIGIN? (S _i	pecify Yee	or No—	14. RACE — Black, W	American Indian, hite, etc.	
BY	XX Widowed 4 Divorced	DATES		1 TYES	2XXXVO Specify				Specify:	TATE TOTAL		
										WHITE		
COMPLETED	15, DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	(Give kind o	CEDENT'S USUAL OCCUPATION **Relind of work done during most of working Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTR 16b. KIND OF BUSINESS/INDUSTR						USTRY			
MPL	6 TH GRADE	College (1-4 or 5+) N/A	SHEE	MET	AL M	ECHANIC	AM	ERIC	AN ST	ANDAR	D_RADIATOR	
Ö	17. FATHER'S NAME (First, Middle, La	31)				16. MOTHER'S NAI	ME (First, Middl	e, Maiden	Surname)			
BE	CORNELIUS MCLA	UGHLIN				LAURA	HIGGI	NS				
	19e. INFORMANT'S NAME (Type/Print)	19b. MAILI	G ADDRES	S (Street a	nd Number or Runsi F	Toute Number, C	City or Town	n, State, Zip	Code)		
2	DENNIS P. MCLAU	GHLIN	1104	L ELW	RTD	GE AVENUE	E BAT!	TTMO	RE. M	ARVIA	ND 21229	
	20e. METHOD OF DISPOSITION					metery, cremetory or				City or Town,		
	1 N Buriel 2 □ Cremation 3 □	Removal from State	other place)				1000					
	71 ☐ Donetion 5 ☐ Other (Specify 21. SIGNATURE OF FUNERAL SERV		OAK LAV			RY 3-14-			ALTIV	DRE,	MARYLAND	
	21. SIGNATURE OF FUNERAL SERV	The Litter and		m	IDA-I	RUCK FUNI	ERAT, HO	ME O	F DUN	DATK.	TNC -	
	1 hart	W trall				WISE AVE						
	23. PART i. Enter the diseases	s, or complications that cause	d the death. Dr								Approximata	
	IMMEDIATE CAUSE (Finel disease or condition	ehock, or heart fellure. Liet only one cause on each ilna.										
	reaulting in deeth) DUE TO (OR AS A CONSEQUENCE OF):											
_	Coron Art Discare											
CERTIFICATION	disease or condition reaulting in deeth) e. A Cute Mylordill Infant DUE TO (OR AS A CONSEQUENCE OF): Correct At Disease DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
\sqr	cause, Enter UNDERLYING	\mathcal{C}	ND									
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):								
R	resulting in deeth) LAST											
S												
	PART ii. Other aignificent con		-	_	nderlyln	g cause given in	Part i. 24	PERFOR	AUTOPSY		ERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL	CARO	i Noma 2	- Prost	tale				1 YES 2 NO		CC	COMPLETION OF CAUSE	
		·						O		OF DEATH?		
Σ												
A	25. WAS CASE REFERRED TO MEDI	Cat. I				105.05.05.17.1.10						
2	EXAMINER?	HOSPITAL:		OTHE		LACE OF DEATH (Chi	eck only one)					
YS	1 TYES 2 NO	1 Inpatient 2 ER/Out			_	ne 5 🗆 Residence						
표	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. 1	IME OF NJURY		PRK?	28d. DESCRI	BE HOW I	NJURY OC	CURED		
B	2 Accident Investig			М	1 🗆	YES 2 NO						
	3 Suicide 8 Could r		IY — At home, farr	n, street, fe	ctory, offic			N (Street own, State)		or Rural Rout	te Number,	
1	4 Homicide determi	ned										
7	29a. CERTIFIER 1 CERTIFYING	PHYSICIAN: To the best of my know	wiedge, death occ	urred at the	time, date	end place, end dua	to the causele	e) end me	nner as stat	ted.		
COMPLETED	(original dring)										nd manner as stated.	
8	2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause											
BE	29b. SIGNATURE AND TITLE OF CE	ATTIFIER	MD			29c. LICENSE NUR					onth, Day, Year)	
202183								3/13	12			
_	30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (7)	pe, Print)								
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE	4.								
	MAR 1 4 1990	Sirker namagon-1	(Same	,								

8.8.5

1 1 2

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25, fours after death. Page 6 for a caraginal to the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. The state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH											
	ANTHONY MAGGIO					03 11 1990			9:04 A M			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Ins	st birthday)				R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)	
	216-18-7590	1X M 2 - F	YRS.	MONTHS	DAYS	HOURS	MIN,	01-10-2				
_	9a. FACILITY NAME (If not institution, give street and number)					, TOWN	OR LOCAT	ION OF DE	ATH	9c. COI	INTY OF D	DEATH
9	VA MEDICAL CENTER					RT I	OWAF	2D		BAT	TIMO	RE.
2	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY 10c, CIT					OR LOCA	TION		-			10d. INSIDE CITY
DIRECTOR	MARYLAND BAL					RF.		Cit	V			LIMITS?
	10e. STREET AND NUMBER		10f. ZIP CODE					10g. CITIZEN OF WHAT COUN				
FUNERAL	1513 N. CAROLINE			21213				U				
5	11. MARITAL STATUS	12. WAS DECEDER	YES 2 1	RMED	13.				IIC ORIGIN? (Specify	Yea or No	14. RAC	E — American Indian, k, White, etc.
ВУ Б	1X Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES	NO				Specify	n, Puerto Rican, atc.)		Spec	affv:
	15. DECEDENT'S EDU	WW II							1		<u> </u>	WHITE
COMPLETED	(Specify only highest grade	completed)	(G	CEDENT'S live kind of Do NOT u	work done se retired.)	during mo	ost of work	ing	16b. KIND OF	BUSINESS/IN	DUSTRY	
12	Elementary/Secondary (0-12) 4 YEARS	College (1-4 or 5		RTEN	DER				BARTEN	IDING		
OM	17. FATHER'S NAME (First, Middle, Last)						18. MO	THER'S NA	ME (First, Middle, Mail			
BE C	JOHN MAGGIO						VIN	CENZ	A VANZANA	0		
TO B	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street i	and Numbe	or or Rural i	Route Number, City or	Town, State, Z	ip Code)	
F	HELEN MARKS		, , , , , , , , , , , , , , , , , , ,	858	7N	ORVE	N RE	BA	LTIMORE I	MD. 21	234.	
	20a, METHOD OF DISPOSITION 1 Qurial 2 Cremation 3 Rem	oval from State	20b. PLACE other pi	(ace)	-					LOCATION -		CITAL SOCIETY
	4 Donation 5 Other (Specify)	CENCEE	SACRE						4/90	BALTI		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Milton J Knight Jr 22. NAME AND ADDRESS OF FACILITY 21214 Leonard J. Ruck, Inc. 5305 Harford Road											
	23. PART i. Enter the diseases, D compilications that caused the deeth. Do not enter the mods of dying, such as cerdiec or respiratory arrest, shock, Dr heert feilure. List only one cause on each line.											
	IMMEDIATE CAUSE (Fine)										Onset and Death	
	disease or condition resulting in death) s. METASTATIC CARCINOMA OF THE GALLBLADDER											
			OR AS A CONSE			7.000						
CERTIFICATION	Sequentially list conditions, CARDIOPULMONARY ARREST DUE TO (OR AS A CONSEQUENCE OF):											
3	If sny, feeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury											
H	that initiated events	DUE TO	(OR AS A CONSE	QUENCE C	F):							
H	resulting In death) LAST											
	PART ii. Other algnificant condition	na contributing to	deeth but not	resulting	in the u	nderlyin	g cause	given in		AN AUTOPS	241	b. WERE AUTOPSY FINDINGS
EDICAL									PERFORMED?			MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEC												1 YES 2 NO
						1						
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:					LACE OF	DEATH (Ch	eck only one)			
HYS	1 TYES 2 NO	1 X Inpatient 2	☐ ER/Outpatient :	DOA	OTHE 4 Nu		ne 5 🗆 F	Residence	e 🗆 Other (Specify)			
H	27. MANNER OF DEATH	28a. DATE O (Month,	F INJURY Day, Year)	26b. TII	AE OF JURY	28c. IN.	JURY AT		28d. DESCRIBE HO	W INJURY O	CCURED	
BY	1 Natural 5 Pending 2 Accident Investigation				M		YES 2	□ NO				
ED	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE building	OF INJURY — At he , atc. (Specify)	ome, ferm,	atreet, fac	tory, offi	ca .		26f. LOCATION (Str City or Town, S	eet and Numb tate)	er of Rural	Route Number,
E	20a CERTIFIER						_	_				
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
8	WEDICAL EXAMINEN: On the cause(s) and manner as stated.											
BE	296. SIGNATURE AND TITLE OF CERTIFIE	"/aul	Ing				13 D	774	MBER	29d. DA	TE SIGNE	0 (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAI	JSE OF DEATH (ITE	M 27) (Typ	e, Print)		U	101	-		2/1	110
	PAUL HAGAN, M.D. VA MEDICAL CENTER, FORT HOWARD, MARYLAND 21052											
	31. DATE FILED (Month, Day, Year)	22. REGISTR	And SIGNATURE	-14/4	LOIN		יתועו	MAK	TLAND Z	1.1/.		
	MAR 1 4 1990 Su	was warnedoon	Markan									

must be notified at once.

0.	2 16	,
TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 mount	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competent when it is a few within 72 hours after death with the State Dent of Health and Mental Hoolene prior to burial, crimination, or neuron	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
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31. DATE FILEO (MONTO DEV. 76 MAR 1 4 1990

32 REGISTRAR'S SIGNATURE

	FOR 1 - STATE REGISTRAR		STATE OF MA					EALTH AND N DEATH		YGIENE			
	1. DECEDENT'S NAME (FIRST, FRANK		ocon		f:	JR	,		2. DATE OF I	DEATH	4	3	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-18-519	ER 5.	SEX 6.	AGE (In yrs. less	"	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E	иятн у Убаг) 21-23	5 6	Country	LACE (State or Foreign aryland
	90. FACILITY NAME (If not ins St. Joseph	_					OWSC	R LOCATION OF DE	ATH		9c. COUNT		ath lore
2	RESIDENCE OF DEC	EDENT	a1								Dal		
DIRECTOR	Maryland	Balti	more		10c. CITY	, town on Pa		rille					10d. INSIDE CITY LIMITS? 1 YES 2 X.NO
ERAL	10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 21234 USA												
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? XX YES 2 NO IF YES, GIVE WAR OR DATES W 1 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No-Black, White, etc.) 14. RACE — American Indien, Black, White, etc. Specify: White							, White, etc.					
	(Specify only	EDENT'S EDUCAT	ION npleted)	16e. DE	CEDENT'S I	USUAL OCC	CUPATIO	N It of working	16b. KJN	D OF BUS	INESS/INDUS	STRY	
COMPLETED	12th grade	-12)	College (1-4 or 5+)		ccoun						e, Inc	٠.	
BE CO	17. FATHER'S NAME (First, Mic Frank W. O		, Sr.					Eva E.	ME (First, Middle Lizabe				
0	Mrs. Evely		onnor	190				nd Number or Aural F Ly Ct. Ba			212		
	20s. METHOD OF DISPOSITION March 2 Cremetion 3 Removal from State												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Laseally Funeral Home 7401 Belair Rd. Balto., Md. 21236												
	23. PART V. Entar tha di- ahock, or ha iMMEDIATE CAUSE (Fin- disease or condition resulting in death)	aart fallura. Lis	inplications that cost only one cause	on each line	l.					177			Approximata Interval Batween Onset and Death
_		- h	DUE TO (OI	R AS A CONSE	OUENCE OF):					216		
ALIO	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING												
RTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST												
L CE	PART ii. Other significa	nt conditions	contributing to de	eth but not i	resulting i	n tha unc	dariying	cause given in	Part i. 24	a. WAS AN		24b.	WERE AUTOPSY FINDINGS
MEDICAL	PREUMONIA PERFORMED? 1 YES 2 INTO DF DEATH?						COMPLETION OF CAUSE						
													1 TYES 2 DINO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?		IOSPITAL:			OTHER		ACE OF DEATH (Ch	eck only one)				
YSI	1 UPS 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)												
ВУ РР	1 Netural 5	1 Netural 5 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO											
	3 Suicide 8	Could not be determined	28e. PLACE OF I building, etc	NJURY — At ho c. (Specify)	ome, farm, s	street, facto	ory, office		28t. LOCATION City or T	ON (Street a fown, Stete)		r Rural F	loute Number,
COMPLETED	one)		N: To the best of m	-) end manner ee stated.
B	29b. SIGNATURE AND TITLE	OF CERTIFIED	New hh	2 h	0			29c. LICENSE NUI D 382			29d. DATE	1 . /	(Month, Day, Year)
입	30. NAME AND ADDRESS OF	F PERSON WHO	COMPLETEO CAUSE	OF DEATH (ITE	M 27) (Type,	Print)							

4 1990

Konnell

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 months after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for he fine within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	once.
retained by	should be	otified at
6 may be	tor, page	nust be n
ath. Page	uneral direc	aminer n
irs after de	in by the fi removal.	edicai ex
thin 24 ms	mation, or	it, the m
xecuted wit	and comple burial, cre	affic ever
ficate be ex	physician a	ner traum
death certi	attending ental Hygie	iry, or ot
s that the	afth and M	any inju
law require	as been sig	23 show
CIAN: The	ertificate h	or item
ING PHYSI	offer this c	marked,
R ATTENO	RECTOR: A	om 28 is
OSPITAL OF	JNERAL DI	NT: If Ite
TO THE HI	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it he first within 22 hours after death with the State Deol; of Health and Mental Hygiene prior to burlat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	G-664 6-13-90 cm									20	00000
	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPAR	TMENT CATE	OF HEAL	TH AND I	MENTAL	HYGIENI REG. NO.	E		7
	1. DECEDENT'S NAME (First, Middle, Last)		19				2. DATE (OF DEATH DA	ıΥ	YEAR 3	. TIME OF DEATH
	WILLIAM PORTER						03	09	1990		06:12 P M
	162-40-4802	5. SEX 6. AGE (In yrs. I	VRS.		DAYS HOU			Day, Year)		Country)	PA
TOR	98. FACILITY NAME (If not institution, give stree THE JOHNS HOPKIN RESIDENCE OF DECEMENT	,			LTIMOF	RE	EATH		1	TIMOI	
DIRECTOR	10a. STATE 10b. COUNTY			LTIM	ORE						Od. INSIDE CITY LIMITS? X YES 2 NO
FUNERAL	100. STREET AND NUMBER 659 STERLING STREI	ET			10f. ZIP	21202			10g. CITIZ	USA	AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 Y IF YES, GIVE WAR OR DATES	ARMED NO	H	yes, specify (NT OF HISPAI Cuben, Mexice NO Specif	in, Puerto R		or No-	14. RACE Black, 1 Specify:	- American Indian, White, atc.
ED	15. DECEDENT'S EDUCA (Specify only highest grade co	(moleted)	DECEDENT'S (Give kind of w	vork done di	CUPATION	mddina	16b.	KIND OF BUS	SINESS/INDU	STRY	
COMPLET		College (1-4 or 5 +)	LABO	e retired.)		ANALYS	T FE	DERAL	EMPL	.OYEE	
BE CON	17. FATHER'S NAME (First, Middle, Last) WILLIAM PORTI	ER, JR.				FRANCI		iddle, Melden B. DA			
6	19a. INFORMANT'S NAME (Type/Print) FRANCES PORTER		196. MAILING			STREE					10140
	20s. METHOD OF DISPOSITION	20b. PLAC	E DF DISPOS				. 1 / []]		CATION — C		
	1 X Burial 2 Cremation 3 Ramovi		N CEMI	ETERY				COL	LINGE	ALE.	PA
	21. SIGNATURE OF FUNERAL SERVICE LICES	1SEE Williams				MARCH				,	
	23. PART I. Enter the diseases, or consport or heart fellure 1 is	mplications that caused the et only one cause on each ii		_							Approximete interval Between
	IMMEDIATE CAUSE (Finel disease or condition	0	0	, an i u							Onset and Death
	resulting in deeth) e.	DUE TO (OR AS A CONS	SEOUENCE DI	F):	<u> </u>						
ATION	Sequentielly list conditione, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (DR AS A CONS									months
CERTIFICATION	CAUSE (Disease or injury thet initieted evente resulting in deeth) LAST	DUE TO (OR AS A CONS	SEOUENCE OF	F):							
	PART II. Other significent conditions	contributing to death but no	t resulting	In the unc	fertylna cer	ise diven in	Part I	24a WAS AN	AITOPSY	24b V	VERE AUTOPSY FINDINGS
DICAL	TAIL II. Ottor significant conditions				Jony Hig Coo			PERFOR	RMED?	1 6	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	1						$-\parallel$			1	YES 2 NO
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	T	OTHER		OF DEATH (C/	heck only on	0)			
IYSi	1 TYES 2 ND 1	128 Inpetiant 2 - ER/Outpatient 28a. DATE OF INJURY	3 DOA	4 - Nurs		Residence		(Specify)	IN HIRT COO	LIBED	
ву Рн	1 Natural 5 Pending	(Month, Day, Year)		IURY	WORK?		200. 023	CRIBE HOW I	INSUNT OCC	ONED	
	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE DF INJURY — At building, atc. (Specify)	home, farm,	street, facto	ry, office			ATION (Street or Town, State)		or Rural Ro	ute Number,
COMPLETED	one)	IAN: To the best of my knowledge, On the bests of examination and/									end manner as stated.
BE	20b. SIGNATURE AND TITLE OF CERTIFIER	House Staff P	hysici	an	290	. LICENSE NU	MBER			SIGNED (Month, Day, Year)
임	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE DE DEATH (Print)						-	

Johns Mopkins

IESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

32. REGISTRAR'S SIGNATURE

Hospital

Bultimore, Maryland

02817 75

130

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO TH	H De fee	IMPO

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIFI	TMENT	OF HEALTH AND I	MENTAL HYGIENI REG. NO.	E	
1	1. DECEDENT'S NAME (First, Middle, Last)	Marriage	n Do	11		2. DATE OF DEATH MONTH 3	1990 ^{YEAR}	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	Margaret 6. AG	E (In yrs. last birthday)	well IF UNDER 1	YEAR IF UNDER 24 HRS.	7. DATE OF BIRTN		INPLACE (State or Foreign
	227-28-4152	1 🗆 M 2 💢 F	75 YRS.		DAYS HOURS MIN.	(Month, Day, Year) 8/26/14	Cour	VA
i	9e. FACILITY NAME (If not institution, give	street and number)	, ,		OWN OR LOCATION OF DE		9c. COUNTY OF	
e E	4503 Rokeby R	oad		Balt	imore			
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	Y	10c. CIT	r, TOWN OR	LOCATION			10d. INSIDE CITY
	MD		В	ALTIM	ORE			1XXYES 2 NO
3AL	10e. STREET AND NUMBER				101. ZIP CODE 21229			WNAT COUNTRY? JSA
FUNERAL	4508 ROKEBY ROAD	12 WAS DECEDENT EVER	IN II S AOMED	12 W	AS DECENDENT OF NISPAI	VIC OBIGIN? (Specify Ven		CE American Indian,
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YE	S 2 NO	H	yes, specify, Cuben, Maxica YES 2 NO Specify	n, Puerto Rican, atc.)	Bie	BLACK
9	15, DECEDENT'S EDI (Specify only highest grad	JCATION ie completed)	16a. DECEDENT'S (Give kind of v	vork done du	CUPATION ving most of working	16b. KIND OF BUS	BINESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12) ELEMENTARY	College (1-4 or 5+)	HOUSE	e retired.)		DOMES	STIC	
OME	17. FATHER'S NAME (First, Middle, Last)		110002	*****	18. MOTHER'S NA	ME (First, Middle, Meiden		-
BE C	GARFIELD WA	ATKINS			MABELL	E FOS	STER	
6	19a. INFORMANT'S NAME (Type/Print)	/1 TAI			Street and Number or Rural ER ROAD/RAN			133
	CHRISTINE MACH				e of cemetery, crematory or		CATION City or	
	1 A Buriel 2 Cremetion 3 Rer 4 Donetion 5 Other (Specify)		WEST END	CEME	TERY		OWVIEW,	
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		23. N	AME AND ADDRESS OF FA	CILITY		
	•				01 E. North			
	23. PART I. Enter the diseases, pr ehock, pr heert fellure	. Liet only one cause or	each line.		,		-	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	acut	U MYD	Cax	dial n	parte.	en	menules
Ì	resulting in destity	DUE TO (OR A	S A CONSEQUENCE O	F):		1		1541
NO N	Sequentially list conditions,	b. DUE TO (OR A	S-A-CONSEQUENCE O	F):				10/0
CAT	If eny, leeding to immediate cause. Enter UNDERLYING	c.						
Ĭ	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (DR A	S A CONSEDUENCE O	F):				
CERTIFICATION	resulting in death) EAST	d						
	PART II. Other algorificant condition	ona contributing to deati	but not resulting	In the Unc	terlying cause given in	Part I. 24a. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL						1 YES 2	1000	OF DEATH?
M						_		1 NES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C	heck only one)		
YSIC	1 TYES 2 TYNO	HOSPITAL: 1 Inpatient 2 ER/0	utpetient 3 🗆 DOA		ing Home 5 Mesidence	6 Other (Specify)		
	27. MANNER OF DEATH 1 Natural 5 Pending	26e. DATE OF INJUR (Month, Day, Yea		URY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURED	
B	Z Accident Investigation	28e. PLACE OF INJU	JRY — At home, farm,	street, facto	1 YES 2 NO	28f. LOCATION (Street	and Number or Run	al Route Number,
COMPLETED	4 Homicide 6 Could not be determined	building, etc. (S	(pecify)			City or Town, State,)	
PLE	29e. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my kr	owledge, death occur	red at the tir	ne, date and place, and du	s to the cause(s) and ma	nner as stated.	
Š	one) 2 MEDICAL EXAMIN	VER: On the basis of examina	ition and/or investigation	on, in my op	oinion, death occured at the	e time, date and place, a	nd due to the caus	e(s) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFI	Vareur	2		DD9	775	29d. DATE SIGN	ED (Mornin, Day, Togr)
F	Stanley M. Ros	THE COMPLETED CAUSE OF	+35 W.	Be.	ludere	Auce &	Balto,	my 212/
	31. DATE FILED (Month, Day, Year) MAR 1 4 1990	32. REGISTRAR'S S		Ĭ				

TO BE COMPLETED BY FUNERAL DIRECTOR

be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 rouns after death from TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funn be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar

STRAR CERTIFICATE OF DEATH REG. NO.	=	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL H	YGIENE
	STRAR	CERTIFICATE OF DEATH	EG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTI CERTIFIC			NTAL HYGIENE REG. NO.		
	1. DECEOENT'S NAME (First, Middle, Last)	FRANCIS ANT	THONY PIL	ARSKI J		DATE OF DEATH MONTH DAY	98	3. TIME OF DEATH A
	4. SOCIAL SECURITY NUMBER 8 19 - 12 - 8046	1 M 2 □ F 6	7 YRS.	F UNDER 1 YEAR ONTHS DAYS	HOURS MIN.	DATE OF BIRTH (Month, Day, Year)	2 Coun	MG
TOR	9a. FACILITY NAME (If not institution, give sti	HOSPHA	-/	TO WS	SON V	nd	9c. COUNTY OF	DEATH
DIRECTOR	10a. STATE 10b. COUNTY Ва:	ltimore	10c. CITY, 1	HIMC				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	1/3 MURDO	2 R	1	B	ALTO W	12/2/2	Ţ	WHAT COUNTRY? JSA
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 (A) AES IF YES, GIVE WAR OR DA		If yes, spe	ENDENT OF HISPANIC city Cuban, Maxican, F 2 NO Specify:		Bla	CE — American Indian, lock, Whita, etc. pody: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION	16a. DECEDENT'S US (Give kind of work life. Do NOT use of	k done during mos etired.)		16b. KIND OF BUS	iness/industry	
OMP	17. FATHER'S NAME (First, Middle, Last)	2	Engi	neer	18. MOTHER'S NAME	(First, Middle, Malden S		se
BE C	Francis Anthony	Pilarski Sr.			Frances	Marski		
TO B	19a. INFORMANT'S NAME (Type/Print) Patricia M. Pilat	rski			nd Number or Rural Rou Road Balt			21212
	20a METHOD OF OISPOSITION 1 A Buriel 2 Cremation 3 Remo	oval from Stata	other place) St. S	ION (Name of cen Stanisl	etery, crematory or aus		ation - city or ltimore	Town, State Maryland
	Dennis Stephe	pan Len	akin	22. NAME AN	O AOORESS OF FACIL		6500 Yo	rk Rd. 21212
	23. PART I. Enter the diseases, or o shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. RESP/	ach ilna.	y t	PRES		ratory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	CONSEQUENCE OF):	IF L	ING.			
PHYSICIAN: MEDICAL C	PART II. Othar algnificant condition	a contributing to death b	ut not resulting in	tha underlying	g cause given in Pa	ert I. 24a. WAS AN PERFOR 1 TYES 2	MEO?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Check	confy one)		
14SI	1 NES 2 NO	1 Inpatient 2 ER/Outp		☐ Nursing Hom	e 5 🗆 Rasidenca 8	Other (Specify)	NJURY OCCURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IULNI	RY WC	RK? /ES 2 NO			
	3 Suicida 5 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY building, atc. (Spec		eet, factory, offic	2	St. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,
COMPLETED	one)	ICIAN: To the best of my know			•			e(a) and menner as stated.
	216. SIGNATURE AND TITLE OF CERTIFIER		1	-	29c, LICENSE NUMB			ED (Month, Day, Year)
TO BE	30. NAME AND ADDRESS OF PERSON WH	IO COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type F	Print)	22695	4	D 03	-05-91
	PEMY CHI	41m, M-D		11/	5056P1	4 HOSPI	TAL	
	MAR' 4 1990	STAR DENGLER STA	BHILL					

Patricia M. Pilarski

113 Murdock Road Baltimore, Maryland 21212

XX

St. Stanislaus

Baltimore Maryland

Mitchell-Wiedefeld Home 6500 York Rd. 21212

RESPIRATORY ARREST CARCINOMA OF LUNG

		1 - STATE STATE OF MARYLAND / DEPARTMENT CERTIFICATE		TAL HYGIENE REG. NO.	
		1. DECEDENT'S NAME (First, Middle, Last) Bettie Pumpian	M	AR 11 91	
pin		4. SOCIAL SECURITY NUMBER 2 19 -3 2 -0 138 1 M 2 F T T So. AGE (In yrs. leat birthdey) YRS. MONTHS 99. FACILITY NAME (If not institution, give street and number)	DAYS HOURS MIN.	onth, Day, Year)	BIRTHPLACE (State or Foreign Country)
1, 2. 3 should	TOR.		LTI HORE	BA	LTIMORE
permit. Pages	DIRECTOR		TIMORE		10d. INSIDE CITY LIMITS? 1 YES 2 NO
-25	FUNERAL	1 SLADE AVE Apt 704	101. ZIP CODE 21208	10g. CITIZEN	OF WHAT COUNTRY?
203-3146 # attending physician. Use as the burlal-transit	BY FU	1 Never Merried 2 Merried FORCES? 1 YES 2 NO	WAS DECENDENT OF HISPANIC ORI If yes, specify Cuben, Mexican, Puer 1 YES 2 NO Specify:		. RACE — American Indian, Black, White, etc. Specify white
21203-	LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Element 12 College (1-4 or 5+) 12 16. DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.) HOUSE U	during most of working	186. KIND OF BUSINESS/INDUS	TRY
at once.	E COMPLET	17. FATHER'S NAME (First, Middle, Last) Aaron Friedman		AT HOME	1117-
MAR e retail e 5 shoud notified	TO BE		S (Street and Number or Aural Aquite N Pine Rd	umber, City or Yown, State, Zip Co Fort Wash	". Md 2074
ORE, pe 6 may be rector, page		20e_METHOD OF DISPOSITION 1	ame of cemetery, crematory or	20c. LOCATION — City	
BALTIMORE or death. Page 6 may the funeral director, page.		· BH L	NAME AND ADDRESS OF FACILITY SOL LEVINSON 6010 REISTERSTO	I & BROS, INC	
thin 24 hours after the filed in by mation, or remont, the medica		23. ART I. Enter the diseases, or complications that caused the deeth. Do not enter shock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):			Interval Betwee
th certificate be exending physician at Hygiene prior to or other traum	CERTIFICATION	Sequantially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF):			
FECORDS requires that the een signed by the of Health and M shows any Infile	MEDICAL	PART II. Other eignificent conditions contributing to death but not resulting in the un	ndarlying cause given in Part i	24e, WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO	24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
rAL The law tte has ate Dep	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input lont 2 ER/Outpet lont 3 DOA 4 Nur	26. PLACE OF OEATH (Check only R:		
OF PHYSIC this ce with th		27. MANNER OF OEATH 1 Netural 5 Pending 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY (Month, Day, Year)		DESCRIBE HOW INJURY OCCUP	RED
ISIO TTENDI TTENDI TTENDI after d	ETED BY	2 Accident investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY.—At home, farm, street, fect building, etc. (Specify)	tory, office 28f. L	OCATION (Street and Number or City or Town, State)	Rural Route Number,
DIN OR IL DIRI	COMPLE	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the base of my knowledge, death occurred at the total control of examination and/or investigation, in my of examination and/or investigation, in my of			
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: It	TO BE C	296. SIGNATURAND TITLE OF SHIPPER COLUMN	DIO218	▶ 3	IGNED (Month, Day, Yber) II · 90
		THE RESIDENCE OF DEATH (STEM 27) (Type, Print),	COURT Rd	21208	

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.4 in a fact death. Page b manyer manyer the host	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely fills by the funeral director, page 1 meets the detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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MAR 1 4 1990

		CERTIF			EALTH AND DEATH	MILI	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) Kathe	rine N	Payne				M	oate of Death Sinch 9	" 1990	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 Y	YEAR	IF UNDER 24 HRS.	-	DATE OF BIRTH			IPLACE (State or Foreign
227-28-5156	1 M 2 X F	64 YRS.		DAYS	HOURS MIN.	70	Month Day Year) 28/25		Count	ginia
9s. FACILITY NAME (If not institution, give str	reet and number)		9b. CITY, T	OWN OI	R LOCATION OF D	<u> </u>				
Key Medical Cen										
Key Medical Center Baltimore City RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland Baltimore Dundalk 102. CITY, TOWN OR LOCATION 103. INSIDE CITY LIMITS? 1 □ YES 2 🔀 1										
10a. STATE 10b. COUNTY		157	Y, TOWN OR		ION					10d. INSIDE CITY LIMITS?
-4	imore	וע	undal	_						1 YES 2 NO
10e. STREET AND NUMBER				1000	ZIP CODE			10.00		WHAT COUNTRY?
128 Briarwood R					21222			<u> </u>	SA	
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR		13, WA	S DECE	ENDENT OF HISPA	ANIC OI	RIGIN? (Specify Yes erto Ricen, etc.)	or No-		E — American Indian, k, White, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES			2 ND Spec				Spec	"Y" White
15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S	USUAL OCC	UPATIO	N		16b. KIND OF BUS	I SINESS/INDI	USTRY	-
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (I-4 or 5+)	(Give kind of life. Do NOT u	work done dur	ring mos	at of working					
8th	Conage (I-4 or 5+)	Own He	ome							
17. FATHER'S NAME (First, Middle, Last)		1			18. MOTHER'S N	AME (F	First, Middle, Meiden	Surname)		
Littleton	Gen	try			Hall	ie	Mae La	mber	t	
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street ar	nd Number or Rura	l Route	Number, City or Town	n, State, Zip	Code)	
Thomas R. Payne	:	128	Briar	OW	od Rd.	Ва	altimor	e, M	ID 2	21222
20e. METHOD OF DISPOSITION 20e. LOCATION — City or Town, State										
Gentry Cemetery 3/14/90 Fluvanna County, VA										
21. SIGNATURELOF PSINERAL SERVICE LIC	EMSEK ()	7			D ADDRESS OF F		-			03000
Diregony !	E. Kerch						e. Dund			
23. PART i. Enter the diseases, or c			not enter th	he mo	de of dying, au	ch as	cerdlec or respi	retory em	est,	
shock, or heert failure. I	List only one cause on		, 0							Interval Between Onset and Death
disease or condition Least for use 2 hour										
resulting In death)	DUE TO (OR A	S A CONSEQUENCE O	OF):		1	,	0. 0.	. 0		
ALCOHOLOGO AND CONTROL OF	b	Ja che	ne	C 1	heory	6	use	2		
Sequentially list conditions, if eny, leading to immediate	DUE TO (OR A	S A CONSEQUENCE O	NF):							
cause. Enter UNDERLYING CAUSE (Disease or injury	C									
that initiated events resulting in death) LAST	A HOJ OI 30d	S A CONSEQUENCE O	лг.).							İ
	d									
PART ii. Other significant condition	a contributing to death			erlying	g ceuse given i	n Part	t i. 24a. WAS AN PERFOR		24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
		Duke	7				1 TYES 2	DNO		COMPLETION DF CAUSE OF DEATH?
										1 TYES 2 ND
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:		ACE OF DEATH (C	Check o	only one)	4 2		1-1
1 FES 2 NO	1 🗆 Inpetient 2 🗗 ER/O	Outpetient 3 DOA	4 🗆 Nursk	ng Hom	e 5 🗆 Residence	6 🗆	Other (Specify)	11034	up	1 ER
27. MANNER OF DEATH	28a. DATE OF INJUF (Month, Day, Yea		WE OF 2	WO	URY AT	280	d. DEŞCRIBE HOW I	NJURY OCC	CURED	
1 Natural 5 Pending M 1 YES 2 ND								- 4 N - 5		
	3 Suicide 8 Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not be building, set Could not								or Hural	Houte Number,
2 Accident Investigation 3 Suicide 8 Could not be	bullding, etc. (:									
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	building, etc. (
2 Accident Investigation 3 Suicide 5 Could not be determined 29e. CERTIFIER (Check only on the could not be determined)	ICIAN: To the best of my to									
2 Accident Investigation 3 Suicide 5 Could not be determined 29e. CERTIFIER (Check only on the could not be determined)	ICIAN: To the best of my to ER: On the basis of examina					he time	, date and place, ar	nd due to th	e cause	(e) end menner ee stated. D (Month, Day, Year)

32. REGISTRAT'S SIGNATURE
, Davidour-Rondoll

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OF VITAL RECORDS	OUR DESIGNATION OF THE PARTY OF
DIVISION	A STREET
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	1. DECEDENT'S NAME (First, Middle, Las		-				DEATH	2. DATE O	REG. NO	DAY	YEAR	TIME OF DEATH
	Mame Clara Plu 4. SOCIAL SECURITY NUMBER		1					-		12	1990	11:10Am
- 8	217-16-6959	5. SEX		yrs. lest birthday		DAYS	HOURS MIN.	7. DATE O	25,1	006	Country)	ACE (State or Foreign
	9e. FACILITY NAME (If not institution, giv		83	7110.	9h CITY T	O WWO	OR LOCATION OF DI		43,1		Mary.	
								SAIN		80.00	ONT OF DEA	un.
5	Union Memorial F	ospital			Balt	1mo	re City					
빞	10a. STATE 10b. COU	NTY		10c. C	ITY, TOWN OR	LOCAT	TION				1	Od. INSIDE CITY LIMITS?
	Maryland			Ba	ltimor	_						YES 2 NO
ENAL	10e. STREET AND NUMBER	. 207					ZIP CODE					AT COUNTRY?
J. Cive	5610 York Rd., A						1212				S.A.	
	1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDE FORCES? IF YES, GIVE	1 YES	2 100	01 1	yes, spe	ENDENT OF HISPAI ecity Cuban, Maxica 2 NO Specif	in, Puarto Ri		a or No-	Black, Specify:	
	15. DECEDENT'S E		F	16a. DECEDENT	S USUAL OCC	UPATIO	ON .	16b.	KIND OF BL	JSINESS/IN		
	(Specify only highest gn Elementary/Secondary (0-12)	College (1-4 or 5	i +)	(Give kind o	f work done du use retired.)	ring mo:	st of working					
	6			Corset	Fitte	r			Brag	er-Gu	utman'	S
T I	17. FATHER'S NAME (First, Middle, Last) Paul Skruck 18. MOTHER'S NAME (First, Middle, Melden Surname) Margaret Pekar											
	THE GATE CONTROL											
5	19a. INFORMANT'S NAME (Type/Print) Jack Pluhar											1002
	Jack Pluhar 19 Rolling Greens Ct., Lutherville, Md. 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of commettery, crematory or 20c. LOCATION — City of To											
	1 XBuriel 2 Cremetion 3 R	emovel from State		other place))				
	1 Laburation 5 Chemistron 3 Hemoval from State 4 Characteristics 5 Chemistron 3 Hemoval from State 4 Characteristics 5 Chemistron 3 Hemoval from State Parkwood Cemetery 3/15/90 Parkville, M 21. SIGNATURE OF PARKLES SERVICE LICENSES											α.
	Ruck Towson Funeral Home, Inc. 1050 York Rd., Towson, Md. 21204											
	23. PART I. Enter the diseases, or complications that up sed the death. Do not anter the mode of dying, such as cardisc or respiratory arrest, Approximate											
	23. PART I. Enter the diseases, or complications that up sed the deth. Do not anter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one and the cardisc or respiratory arrest, immediate CAUSE (Final disease or conditions).										Approximata interval Batween Onset and Death	
	disease or condition resulting in death) a. Cardiogenic Shack DUE TO (OR AS A MONSEQUENCE OF):										30 hour	
ı	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s										30 hour	
Sequentially list conditions, PACUTE W.T.										30 hour		
if any, leading to immediats Cause. Enter UNDERLYING												
CAUSE (Disease or Injury 6.										+		
that initiated events resulting in death) LAST												
O	DART II OAL - I MILES AND III											1
AL	PART II. Other significant condit	ions contributing t	o death bu	it not resultin	g in the und	ariyin	g cause given in	Part I.		PRMED?	1	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Par									1 YES	2 NO		OF DEATH?
ž.											1	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 DI	LACE OF OEATH (C)	back column	a)			
SICIAN	EXAMINER? 1 YES 2 NO	HOSPITAL:	□ FR/Output	atient 3 🗆 DOA	OTHER:		ne 5 🗆 Residence					
PHY	27. MANNER OF DEATH	28s. DATE C	OF INJURY	28b. T	IME OF 2	8c. INJ	JURY AT		CRIBE HOW	INJURY O	CCUREO	
	1 Netural 5 Pending		Day, Year)		NJURY M		YES 2 NO					
	2 PAccident Investigation 3 Suicide 6 Could not	26s. PLACE	OF INJURY	— At home, fern	n, afreet, factor	ry, offic	:0				per or Rural Ro	ute Number,
ш	4 Homicide determined		g, atc. (Speci	(7)				City	or Town, State	0)		
MPLE	29a. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best	of my knowl-	edge, death occi	irred at the tirr	ne, dete	and place, and du	e to the cau	se(s) and m	enner as s	tated,	
M M	onel	INER: On the basis of										and manner as stated.
8	250. SIGNATURE AND TITLE OF COURT	AUR .					29c. LICENSE NU	MBER		29d. D/	ATE SIGNEO (Month, Day, Year)
B	Charles &	L-56	mole	Cut				-100		> -	3/12/	90
2	30, NAME AND ADDRESS OF PERSON	WHO COMPLETED CA	USE OF DE	утн (ITEM 27) (Б	pe, Print)		1				-,,,,	10
	201 E. University	PACKU	M 1000	Baltin	wore. n	nn	21318					
	31. DAYE FILED (MONT), Day Year)	Sura Drund	RAR'S SIGN	ATURE			5,711					
	MINNE LA LA IMMILI	TARRED A CHILARCE		T PARTITION TO								

	2		ä
	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the teat	Sections	. Hitem 28 is marked or Hem 23 shows any Injury or other traumatic event. the medical ear
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEN	Ε				
	1. DECEDENT'S NAME (First, Middle, LIRENE		RET ROSE			2. DATE OF DEATH MONTH B	, 4	3. TIME OF DEATH 3. 35 PM			
	4. SOCIAL SECURITY NUMBER 214-40-48: 98. FACILITY NAME (If not institution, g	33 1 🗆 M 2 💢 F 👂	2 YRS. MOI	UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)					
TOR		OSPITAL	96		TIME		BALTIM ORE				
DIRECTOR	Maryland 106. CO	UNTY		own on Locati altimor	e City		10d. INSIDE CITY LIMITS? 1 X YES 2 A				
FUNERAL	5716 Oakshire R				21209		10g. CITIZEN OF WHAT CON				
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 ☐ YES IF YES, GIVE WAR OR D	2 ANO		cify Cuban, Mexica	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No.— 14.	RACE — American Indien, Black, White, etc. Specify:			
COMPLETED BY	15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12) 12 Years	EDUCATION raide completed) College (1-4 or 5+) 4 Years	18e. DECEDENT'S USL (Give kind of work life. Do NOT use re Educa	done during mos tired.)	N It of working	SChool		TRY			
BE COM	17. FATHER'S NAME (First, Middle, Last John P. Rieger)			Mary 0'						
5	June M. Beim 300. METHOD OF DISPOSITION	200	5716 0	akshire	Rd. Ba	altimore, I		1209			
	1 V Buriet 2 Cremetion 3 4 Donation 5 Other (Specify)	timore,	more, Md. 21208								
	MAMES F.	Burnside, Gr.	d -	6500	York Ro	defeld Hor Baltim	ore, Mo	1. 21212			
	23. PART I. Enter the disesses, shock, or heert felti iMMEDIATE CAUSE (Finel disesse or condition resulting in death)	s. CARDIL DUE TO (OR AS	RESPI A CONSEQUENCE OF):	RATE	RY	ARRE	ST	Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. METABO DUE TO (OR AS DUE TO (OR AS						5			
Ä	PART II. Other significent cond	itions contributing to deeth i	but not resulting in t	he underlying	j cause given in	Part I. 24e. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICA	AL		26. PL	ACE OF DEATH (Ch	eck only one)					
IYSIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 □ Inputient 2 □ ER/Out	patient 3 DOA 4			8 Other (Specify)					
BY PH	1 Natural 5 Pending 2 Accident Investigat	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WO	RK?	28d. DESCRIBE HOW	INJURY OCCUR	IED			
	3 Suicide 6 Could no 4 Homicide determine	t be building, etc. (Spi	Y — At home, farm, streetely)	et, factory, office		28f. LOCATION (Street City or Town, State		Rural Route Number,			
COMPLETED	ana)	HYSICIAN: To the best of my know MINER: On the basis of examination						ause(a) and manner as stated.			
TO BE C		BASSIN /	7.0	sin use off	29c. LICENSE NUI	WBER	29d. DATE S	IGNED (Month, Day, Year)			
		ASSIN S	INAI H		TAL O	F BALT	MOR	6			
	31. DATE HART 4 1990	ALMEGISEMAR'S SIGN	Mandelle.	2							

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3. TIME OF DEATH

5:46

8. BIRTHPLACE (State or Foreign Country)

Arizona

522-84-4644

5. SEX

5. SEX

1 -

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

HOURE

6. AGE (In yrs. last birthday)

33

YRS.

90

2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Day, Year) 11-14-1956

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13146,	
BOX	
P.O.	
RECORDS,	
VITAL	
OF	
DIVISION	

	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN C	R LOCATION OF DEAT	H 77 7 1	9c. COUNTY	OF OEATH	
ECTOR	HARBOR HOSP		ER		IMORE				
REC	10a. STATE 10b. COUN	тү	10c. CITY	TOWN OR LOCAT	TON			10d	. INSIDE CITY LIMITS?
DIR		e Arundel	0	denton					YES 2 NO
3AL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN		COUNTRY?
FUNERAL	P.O. Box 124	12. WAS DECEDENT EVER			21113			S.A.	
	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yes, sp	ENDENT OF HISPANIC ecify Cuban, Mexican,		a or No- 14.	Black, Wh	American Indian, lite, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR ON L	AIES	1 1 1 123	2 NO Specify:			Specify:	White
	15. DECEDENT'S EC (Specify only highest gra-		16a. DECEDENT'S U	ork done during mo	ON at of working	16b. KIND OF BU	SINESS/INDUS	TRY	
E	Elamentary/Secondary (0-12) 12th Grade	College (1-4 or 5+)	ille. Do NOT use		and.	0	A 4 . 4		
COMPL	17. FATHER'S NAME (First, Middle, Last)		supe.	rintende	v	(First, Middle, Malden	tructi	on	
- 11		sley Radcli	f f		11-2	Marie		ein	
BE	19a, INFORMANT'S NAME (Type/Print)			AOORESS (Street 6	and Number or Rural Rou				
2	John Radcliff		P.O. :	Box 149	Ouray,	Colorado	8122	7	
1	20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 ※ Cremation 3 ☐ Ra	moval from State	b. PLACE OF DISPOS other place)				OCATION — City		
9	4 Donation 5 Other (Specify)		Metro Cr				ltimor	e. Ma	ryland
	21. SIGNATURE OF FUNERAL SERVICE				NO ADDRESS OF FACIL CRE J. GOY		al Hom	e P.A	١.
	gecome	Znamuo	win		Ritchie				
	IMMEDIATE CAUSE (Final disease or condition	e. SEPTI DUE TO (OR AS	eech line.		de of dying, such	na cerdiac or reep	elretory arrest	ł.,	Approximate Interval Betwee Onset and Dea
z	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF	FR FA	THIRE	-			
ERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	C. ACUTER	A CONSEQUENCE OF	1NS15	FFICIE	NUY			
CERTII	thet initiated events resulting in deeth) LAST	d							
EDICAL	PART II. Other significent condition	ons contributing to deeth	but not resulting l	n the underlyin	g ceuse given in Po		RMED?	CO	RE AUTOPSY FINDING ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
Σ								10	YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P OTHER:	LACE OF DEATH (Chec	(only one)			
HYSI	1 VES 2 NO	1/2 Inpatient 2 ER/Ou		4 - Nursing Hon	ne 5 🗆 Realdence 6	Other (Specify)		200	
	27. MANNER OF DEATH 1. Natural 5 Pending	28s. OATE OF INJURY (Month, Day, Year)	28b. TIMI INJI	URY WO	JURY AT DRK? YES 2 NO	ed. DESCRIBE HOW	INJURY OCCUP	4ED	
3Y P	1 Natural 5 Pending 2 Accident Investigation	n				28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
ED BY	to a standard and a	28e, PLACE OF INJUR		treet, factory, offic	ia i				
MPLETED BY	2 Accident 3 Suicida 6 Could not be determined 29a. CERTIFIER (Check only)	28e. PLACE OF INJUR	ecify) wledga, death occurre	d at the time, date	and place, and due to	City or Town, State the cause(s) and ma	e) anner se stated.		d manner as stated.
ED BY	2 Accident 3 Sulcida 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI 29b. BIOGRAPHIC AND TITLE OF CERTIF	28e. PLACE OF INJUR building, atc. (So /SICIAN: To the best of my kno NER: On the basic of axaminati	wiedge, deeth occurre on and/or investigation	d at the time, date	and place, and due to	City or Town, State the cause(e) and mane, data and pleca, e	nner se stated.	euse(a) an	d manner as stated.
BE COMPLETED BY	2 Accident 3 Sulcida 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI 29b. BIGGATURE AND ATTILE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON	28e. PLACE OF INJUR building, atc. (Sp (SICIAN: To the best of my kno NER: On the basis of axaminati IER AHO COMPLETED CAUSE OF D	wiedga, death occurre on and/or investigation ALMS EATH (ITEM 27/Type, 3001 S	d at the time, date n, in my opinion, Print)	and place, and due to	City or Town, State the cause(e) and mme, data and pleca, a	anner se stated. and dua to the c	SIGNEO (Md	
BE COMPLETED BY	2 Accident 3 Sulcida 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI 29b. BIOGRAPHIC AND TITLE OF CERTIF	28e. PLACE OF INJUR building, atc. (So /SICIAN: To the best of my kno NER: On the basic of axaminati	wiedga, death occurre on and/or investigation ALMS EATH (ITEM 27/Type, 3001 S	d at the time, date n, in my opinion, Print)	and place, and due to dasth occured at tha tie 29c. LICENSE NUMB	City or Town, State the cause(e) and mme, data and pleca, a	anner se stated. and dua to the c	SIGNEO (Md	

Σ	OR.	- G	6
BALLIM	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a first death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral din be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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ó	d with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	event
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	N: Th	State	Herr
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MAR1 4 1990

Stelia Savidson Randoll

	FOR STATE REGISTRAR	STATE OF MARYLA				EALTH AND I	MENTA	L HYGIEN	E				
	1. DECEDENT'S HAME (First, Middle, Last)	B. Roll					MONT	OF DEATH	ĭ990 *	3. TIME OF DEATH 9 20 PM			
i	4. SOCIAL SECURITY HUMBER 213-09-2711 9a. FACILITY HAME (If not institution, give a	1 1 M 2 □ F	yrs. last birthday YRS.	MONTHS		IF UNDER 24 HRS. HOURS MIN.	OCT	of BIRTH	905	BIRTHPLACE (State or Foreign Country)			
TOR	Keswick	treet and number;		Bo	1+1	More	_ (sty	9c. COUNTY OF OEATH				
DIRECTOR	MARYLAND BALTI		1	10c. CITY, TOWN OR LOCATION KINGSVILLE					10d. IHSIDE C LIMITS? 1 YES 2				
RAL	100. STREET AHD HUMBER 7512 BRADSHAW ROAI	0				21087			U.S.	OF WHAT COUNTRY?			
BY FUNERAL	11. MARITAL STATUS 1	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	13.	. WAS DEC	EHDENT OF HISPAN Hocity Cuban, Mexica 22 NO Specifi	in, Puerto		or Ho— 14.	RACE — American Indian, Black, White, etc. Specify: HITE			
COMPLETED	15. OECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. OECEDEHT (Give kind o life. Do NOT	of work done use retired.,	OCCUPATION during mos	OH st of working		ETHLE	SINESS/INOUS				
СОМР	N/A N, 17. FATHER'S HAME (First, Middle, Lest) WILLIAM ROLLINS	/A	CARPEN	VIER		18. MOTHER'S HA	ME (First,	Middle, Malden					
O BE	19a. IHFORMANT'S NAME (Type/Print)					nd Number or Rural i							
F		WIFE)					INGS			AND 21087			
	20e. METHOD OF DISPOSITION 1 St Buriel 2 Cremation 3 Ram 4 Donation 5 Other Specify	noval from State	other place) LTIMORE	E CEM	ETER					, MARYLAND			
	21. SIGNATURE OF ENTHERAL SERVICE LY	1. Jaky		S 9	CHIM 705	D ADDRESS OF FA UNEK FUN BELAIR R	ERAL OAD,	HOME, BALTI	INC. MORE,	MARYLAND 21236			
	23. PART T. Effect the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Phumama	CONSEQUENCE	OFI:						Interval Batween Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Dementia buth Austhrapy of Parkinson's disease Due to (or as a consequence of): Due to (or as a consequence of):												
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	e contributing to death bu	it not resulting	g in the u	inderlyln	g ceuse given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMIHER?	HOSPITAL:		Lanin		ACE OF DEATH (Ch	neck only o	nne)					
IXSI	1 TYES 2 NO 27. MAHHER OF DEATH	1 Inpatient 2 ER/Outpa		V 1.0 111	ursing Hom	e 5 🗆 Residence	Y						
BY PF	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		IME OF NJURY M		PRK7	28d. OE	SCRIBE HOW I	нјону оссон	REO			
	3 Suicide 6 Could not be determined	26a. PLACE OF IHJURY - building, atc. (Specif	— At home, farm	n, atreet, fa	ctory, offic			CATION (Street y or Town, State)		Rural Route Number,			
COMPLETED	deed only	ER: On the best of my knowle								ause(a) and manner as stated.			
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIES M. ISAbelle Ma					29c. LICEHSE NUI			29d. DATE S	1GHED (Month, Day, Year) 4Ch 9, 1990			
F	30. NAME AND ADDRESS OF PERSON WHITE TO THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF THE TRANSPORT OF	HO COMPLETED CAUSE OF DEAL CORREGOR MD	TH (ITEM 27) (Ty	pe, Print)	7006	LLOW CU	1000	Basilia		4,0 21211			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE	راحار	, , , , ,	10100	are,	, July	vi e	100 2.011			

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Memorial Hospital, Univ Phona

32. REGISTRAR'S SIGNATURE

UNIN PKWAY

	FOR 1 - STATE	STATE OF N	MARYLAND /						MENTAL) (0040
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CI	ERTIF	ICAI	E UF	DEA	I H	0.0475	REG. NO),		3. TIME OF DEATH
	Mary Marie Rigdo	n							MONTH		WY C	YEAR	8:30 A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	et hirthday)	JE LIMOE	R 1 YEAR	IF UNDER	24 MDS	7 DATE	S (2,10		PLACE (State or Foreign
	298-22-7477	1 M 2 XX	YRS.	MONTHS				Oct. 18 191			Countr	entucky	
	9a. FACILITY NAME (if not institution, give s		77		ah CIT	Y, TOWN O	D LOCATI	ON OF DE		. 10		NTY OF D	2
œ									EAIR		96. 000	MIT OF D	EAIR
6	Union Memorial E	ospital		ва.	ltimo	ore (city						
DIRECTOR	10e. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	TON						10d. INSIDE CITY
G	Md					Bal	timo	re					1 XXYES 2 NO
AL	10e. STREET AND NUMBER					101	. ZIP CODI				10g. CIT	IZEN OF V	VHAT COUNTRY?
E	3641 Dudle	y Avenue						2121	L3			U.	S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2XX Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 W		13.	If yes, spe	ECENDENT OF HISPANIC ORIGIN? (S appecify Cuben, Mexican, Puerto Ricar ES 2 X NO Specify:			? (Specify Ye ican, atc.)	e or No-	14, RACE Black Speci	- American Indian, k, White, etc.
Ω	15. DECEDENT'S EDU	CATION	16a. DE	ECEOENT'S	USUAL C	CCUPATIO	N		16b.	KINO OF BU	SINESS/INI	DUSTRY	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	1/4	live kind of Do NOT u	work done se retired.)	during mo	st of working	ng					
릴	N/a	N/a			Sale	esper	cson			Dep	artme	ent S	tore
00	17. FATHER'S NAME (First, Middle, Lest)						18. MOT	HER'S NA	ME (First, A	liddle, Maider	Surname)		
	Henry Green								Unkn	own			
19a INFORMANT'S NAME (Topol/pict)									vn, State, Zi	p Code)			
5	Frank Rigdon (h	usband)		3	3641	Dud1	Ley	Aver	nue,	Balti	more,	Md.	21213
	20e. METHOD OF DISPOSITION 1X Burlet 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE OF DISPOSITION (Name of commetery, crematory or other place) Gardens of Faith Cemetery Baltimore, Md.												
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	- July	4		NAME AN						.020,	
	* Eugene	Las	tre	h		3331	Bre	hms	Lane		timor	e, M	d. 21213
	ahock, or heart falliure. List only one cause on each line. Interval Be Onset and disease or condition												Approximate interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Chaptic Lymphocytic Leukemia DUE TO (OR AS A CONSEQUENCE OF): CAY JIAC Dryttmias DUE TO (OR AS A CONSEQUENCE OF): d.												
MEDICAL C	PART II. Other algorificant condition Appleria; Pelvic Vulvar maligna	exentera	Tion + I	least			g cause ;		Part I.	24a. WAS AF PERFO 1 YES	RMEO?	246	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					24 PI	ACE OF D	EATH M	neck only on	-)			
S	EXAMINER?	HOSPITAL:] en m	Пас	OTHE	R:							
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF (Month, D	INJURY	28b, Till		28c. INJ	URY AT	NO	6 Other	(Specify) CRIBE HOW	INJURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE C building,	PF INJURY — At he etc. (Specify)	ome, term,	street, 1a		-		281. LOC	ATION (Street or Town, State	and Numbe	or or Rural I	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE												i) and manner as stated.
TO BE C	2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and pieca, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND THE OF CHITTERE (Month), Day, Year) ADD. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month), Day, Year)											1	

BM

Balt

3. TIME OF DEATN

5

8. BIRTNPLACE (State or Foreign Country)

MARYLAND

YEAR

pino

FOR STATE REGISTRAR

216056973

1. DECEDENT'S NAME (First, Middle, Last)

NETTIE R. RODGERS

4. SOCIAL SECURITY NUMBER 5. SEX

1 -

	24
ô	within
2	executed
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24
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7	requires
1	AB/
₹	The
2 2	PHYSICIAN:
ISION	ATTENDING
5	DR
	HOSPITAL

	9a. FACILITY NAME (If not in	nstitution, give a	treet and number)			9b. CITY,	TOWN (OR LOCATION OF DE	HTA		9c. COUN	TY OF DEAT	н
5 8	CHURCH HO	SPITA	L CORPORA	TIC	ON	BA	TI	MORE CI	TY		_		-
DIRECTOR	10a. STATE MD.	10b. COUNT	Y TIMORE		10c. CIT	Y, TOWN O	R LOCAT	TION				100	d. INSIDE CITY LIMITS? YES ZET NO
¥	10e. STREET AND NUMBER					101. ZIP CODE					10g. CITIZ	EN OF WHA	T COUNTRY?
EB	140 COWHI	140 COWHIDE CIRCLE						21220		U	. S. A	Α.	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 2 3 Widowed 4 Div		12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	ES }	S XXNO If yes, specify Cuben, Mexican, Puerto								
CI		CEDENT'S EDU		164	. DECEDENT'S				18b	. KIND OF BUS	INESS/IND		
COMPLETED	Elementary/Secondary (College (1-4 or 5+) NA		ille. Do NOT us	se retired.)		ESSER		CLOTH	HING I	BUSIN	ESS
TO BE COM	17. FATHER'S NAME (First, A	7. FATHER'S NAME (First, Middle, Lest)						16, MOTNER'S NA	ME (First,	Middle, Maiden	Sumame)		
	CLIFFORD F	CLIFFORD ROBINSON						NETT	E ST	COLL			
	- 10120 1							and Number or Rural				417	
	GLENNA DIET				OOD AVE.,	BAI							
l is	20s. METHOD OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOSITION OF DISPOS	on 3 🗆 Rem	oval from State		ACE OF DISPO			metery, crematory or RE CEMETE	vov			MORE,	
	4 Donation 5 Othe		CENSEE							1	WILLI	TORE,	FID.
	22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOMES, INC. 3331 BREHMS LANE, BALTIMORE, MD. 21213										21213		
	23. PART 1. Enter the cahock, or I IMMEDIATE CAUSE (FI disease or condition resulting in death)	naart failUre.	a. DUE TO (OR	n eech	ilna.			, ,		·	,		Approximate Interval Batween Onset and Dasth
CERTIFICATION	Sequentially list condi if any, laading to immo cause. Entar UNDERLY CAUSE (Disease or inj that initiated eventa resulting in death) LA:	odleta /ING ury	c		NSEQUENCE O								
MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the							ig cause given in	Part i.	24a. WAS AN PERFOR 1 YES 2	RMED?	AM CC OF	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION DF CAUSE F DEATH? YES 2 NO
SICIAN:													
ᅙ	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER	t:	LACE OF DEATH (C)					
BY PHYS	1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5	Pending	1 Inpatient 2 ER 28a. DATE OF INJU (Month, Day, Y	JRY	28b. Tik		28c. IN.	JURY AT ORK? YES 2 NO		SCRIBE NOW I	NJURY OCC	CURED	
	2 Accident 3 Suicide 6 4 Homicide	Could not be detarmined	28s. PLACE OF IN building, etc.	JURY — (Specify)	At home, ferm,	street, fact				CATION (Street or Town, State)	and Number	or Rural Rout	e Number,
COMPLETED	cont only		SICIAN: To the best of my ER: On the basis of exami										nd menner as stated.
TO BE C	29b. SIGNATURE AND TITL	/	Vouso	i	M-	P.		D/7	3 2	- 2	29d. DATJ	SIGNED (M	Sun, Dal. Year) -3-6-790
	30. NAME AND ADDRESS							ATAOLLA			EMI,	M.D.	
	MAR 14 1	990	32 BEGISTRAR'S	TAY AND									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

HOURS

6. AGE (In yrs. last birthday)

76

YRS.

1 🗆 M 2 😾 F

2. DATE OF DEATH MONTH

7. DATE OF BIRTN (Month, Day, Year)

12/12/1

DHMH-16 Rev 1/89

Broke was de la company

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Jurs after death. Page TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF				YGIENE EG. NO.			0040
		1	RICHAR				2. DATE OF MONTH	12	9	O Z	30 P M
		M 2 □ F 77	yrs. last birthday) YRS.	MONTHS DAY	HOURS	MIH.	7. DATE OF E (Month, De 11/1	y, Ybar)	12	S.C.	(State or Foreign
TOR	FRANCES SCOT		ICAL	9ь. сіту, том ВАІ		ION OF DE	ATN		9c, COUNT	Y OF DEATH	
DIRECTOR	10s. STATE 10b. COUNTY	ltimore		y, town or Lo urners		tior	n		L	ISIOE CITY IMITS? YES 2 XNO	
FUNERAL		ut Stree	t		10f. ZIP COD	212			U	S.A.	JUNTRY?
BY FU	11. MARITAL STATUS 1 Never Married AMM Married 3 Widowed 4 Divorced	U.S. ARMEO 2 X NO ES	If yes,	ECENDENT (specify Cubines 2 1000)	an, Maxica	IIC ORIGIN? (S n, Puerto Rica: /:	pecify Yea n, etc.)	RACE — Am Black, White Specify: Black	, atc.		
COMPLETED	15. OECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondery (0-12) C		life. Do NOT u	work done during	most of worki		16b. KIN	Ste	ness/indu	A	
BE COM	George Richardson Tamile										
TO E											
	20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other plane) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION										
	21. SIGNATURE OF FUNERAL SERVICE LICENS	a. most	in				rton s St.			, Md.	21217
	23. PARTY. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory streat, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other algolificant conditions of	ontributing to death bu	it not reaulting	In the underl	ying cause	given in		a. WAS AN / PERFORI	MED?	AMAILA COMPI OF DE	AUTOPSY FINDINGS IBLE PRIOR TO LETION OF CAUSE ATH? YES 2 ANO
PHYSICIAN:		OSPITAL: Inpetient 2 ER/Outpe	26b, TIA	OTHER: 4 Nursing	INJURY AT		6 Other (S		JURY OCCU	IRED	
ED BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined	(Month, Day, Year) 26e. PLACE OF INJURY building, etc. (Specific	At home form,		WORK? YES 2	□ NO	261. LOCATIO	ON (Street a bwn, State)	nd Number o	r Rural Route N	umber,
COMPLET	onel	N: To the best of my knowle									nanner as atated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 290. LICENSE NUMBER 290. LICENSE NUMBER 291. DATE SIGNED (Month, Day 1964) 3 1 3 9 0										

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MAR 1 4 1990

31	0	2	31	E
DIVISION OF VITAL RECORDS, P. C. BO	Ψ	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the interest principal	Į	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other tra
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-	8	10		8
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ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s oval.	al examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
OR ATTENDING PHYSICIAN: The law requires that the (mm) from 2000 within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the interior process of completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	tem 28 is marked, or Item 23 shows any injuly, or other traumatic event, the medical examiner must be notified at once.	LETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF DEA	TH		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARY	(LAND / DEPARTM CERTIFICA			MENTAL	HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) MARY R		Room 304			2. OATE	OF DEATH DA	12 4	AR 3. 1	IL: YOA M
	4. SOCIAL SECURITY NUMBER 215 07 8050	1 🗆 M 2 💢 F	96 YRS. MOR		IF UNDER 24 HRS. HOURS MIN.	7/.	Des Hear)	73	Country)	State or Foreign
OR	9a. FACILITY NAME (If not institution, give s Union Memorial H				e, City			BA BA	LTO	
DIRECTOR	10a. STATE 10b. COUNT	Y		OWN OR LOCATIO					100	. INSIDE CITY
AL D	10e. STREET AND NUMBER			L+IMO	2123			10g. CITIZEN	OF WHAT	YES 2 NO
FUNERAL	14/6 E. FO	RT AVE	R IN U.S. ARMED		NDENT OF HISPAN	IIC ORIGIN		or No.— 14.	RACE -	American Indian,
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 1 YES, GIVE WAR OF		1 YES	olfy Cuban, Maxica		lican, atc.)		Specify:	VHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	CATION o completed) College (1-4 or 5 +)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during most tired.)	of working	16b.	KIND OF BUS	INESS/INDUST	TRY	
OMPL	17. FATHER'S NAME (First, Middle, Last)		USF & G	TY PIST	18. MQTHER'S NA	ME /Fimt A	J>F	46		
BE CC		NNER			CATI				No	V
10	19a. INFORMANT'S NAME (Type/Print)	KERS	6684	Loch	Mumber or Rural	Route Numb	BALT	State, Zip Co		39
1	20s METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE OF DISPOSITIO	ON (Name of ceme	tery, cremetory or			CATION - CITY	or Town	State
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22 NAME AND	ADDRESS OF FA	STEV	IENS !	FUNE	RAL	HOME IN
	23. PART I. Enter the diseases, or	complications that cau	sed the daath. Do not	15011	E. FORT	AVE	- BA	LTO. M.	DZ	/236 Approximats
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	List only one cause of	n aach iina.					,		Interval Between Onset and Death
	resulting in death)		S A CONSEQUENCE OF):							
NOI	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR A	S A CONSEQUENCE OF):							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	cDUE TO (OR /	S A CONSEQUENCE OF):							
CERT	resulting in death) LAST	d								
CAL	PART II. Other significent condition Subando and 1 al		h but not resulting in t	the underlying	csuse given in	Part I.	24a. WAS AN PERFOR	MED?	AM	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE
MEDICAL	CHE						1 YES 2	Kuo		DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL/	ICE OF DEATH (Ch	eck only on	e)			
IYSIC	1 VES 2 NO		Outpetient 3 DOA 4		5 - Residence					
ву Рн	1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUI (Month, Day, Yes	RY 28b. TIME OI INJURY	Y WOF	IK? IK? NO	28d. DES	ICRIBE HOW I	NJURY OCCUR	ED	
	3 Suicide 6 Could not be 4 Homicide determined	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, etreet, factory, office hullding std. (Specify)					ATION (Street of Town, State)	and Number or	Rural Route	Number,
COMPLETED	nen)	BICIAN: To the best of my k								
	29b. SIGNATURE AND TITLE OF CERTIFIE	ER: On the basis of axamin	attori atturor attrestigation, il	n my opinion, de	29c. LICENSE NUI		and place, an			nth, Day, Year)
TO BE	30, NAME AND ADDRESS OF PERSON W	O COMBI ETED CAUSE	futo					> 3/	12/0	20
	Charlene Oza	4 Pankway	Baltima		2121	8				
	MAR1 4 1990 *** 4	aka Daydoon-P	THE REAL PROPERTY.							

The second control of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco

3. TIME OF DEATH

945

10d, INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, atc.

1 YES 2 NO

Approximate interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

73Ke

8. BIRTHPLACE (State or Foreign

MASS.

10g. CITIZEN OF WHAT COUNTRY? USA

9c. COUNTY OF DEATH

HOWARD

PH

FOR

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not Institution, give street end number)

4485 LINTHICUM ROAD

RESIDENCE OF DECEDENT

MARIE

5. SEX

PRINCE GEORGE

1 M 2 7 F

IDA

4. SOCIAL SECURITY NUMBER

031-20-1430

MARYLAND

DIVISION OF VITAL RECORDS, F.C. BOX 1313.	eath certificate be executed within 24 it	attending physician and completely fille	ital Hygiene prior to burial, cremation,	y, or other traumatic event, the
VITAL PECONDS,	SICIAN: The law requires that the de	certificate has been signed by the a	the State Dept. of Health and Men	, or item 23 shows any injury
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the

BE

2

SIGNATURE AND TITLE OF CERTIFIC

JONATHAN SIMONS

=	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTR
E	8311 BERWICK ROAD				20870			USA
BY	11. MARITAL STATUS 1 Never Married 2 W Married 3 Wildowed 4 Divorced	FORCES? 1 1	rES 2 NO	H 3	res, specify Cuben, Maxica	n, Puerto Rican, et		14. RACE — American Bleck, White, atc. Specific WHITE
ETED	(Specify only highest grade	completed)	(Give kind o	f work done du		16b. KIND C	OF BUSINESS/INDU	ISTRY
	12	College (I-4 of 5 4)	HOUS	EWIFE		A'	T HOME	
Ö	17. FATHER'S NAME (First, Middle, Last)	73.477						
监		EAU						
2	200 HO 200 HO 200 WHO 14			- 100 300			- 11	
		oval from State	other placel					ILLE, MD.
jān	21. SIGNATURE OF FUNERAL SERVICE LIC	Deppl	J.	22, N/ D	AME AND ADDRESS OF FAI IPPEL FUNER	AL HOME	, INC.	
EDICAL CERTIFICATION	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR DUE TO (OR DUE TO (OR	AS A CONSEQUENCE	OF):	to orain	with	AS AN AUTOPSY ERFORMED?	Intervi Onset
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	/Outnationt 3 □ DOA		-1		%.I	1 765 2
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJI	URY 26b. T	IME OF 2				URED
G	3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE OF IN building, etc.	JURY — At home, farm (Specify)	n, street, factor	y, office	26f. LOCATION (City or Town,	(Street end Number , State)	or Rural Route Number,
MPL	const only							
	ETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED	3 Widowed 4 Divorced Specify only highest grade	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO 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conditions resulting in death) LAST	Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second Second 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DECEDENTS SOUCHION 1	S. DECEDENT'S BULCATION 16. DECEDENT'S USUA DOCUMENTON 18. KIND OF BUBINESS/INDIG (Speedly of hybrider grade complemed) 16. DECEDENT'S USUA DOCUMENTON 18. KIND OF BUBINESS/INDIG (Speedly of hybrider grade complemed) 16. DECEDENT'S USUA DOCUMENTON 18. MOTHER'S NAME (First, Middle, Meliden Sumanne) 12. TATTHER'S NAME (First, Middle, Meliden Sumanne) 18. MOTHER'S NAME (First, Middle, Meliden Sumanne) 18. MOTHER'S NAME (First, Middle, Meliden Sumanne) 18. MOTHER'S NAME (First, Middle, Meliden Sumanne) 18. MOTHER'S NAME (First, Middle, Meliden Sumanne) 18. MOTHER'S NAME (First, Middle, Meliden Sumanne) 18. MOTHER'S NAME (First, Middle, Meliden Sumanne) 18. MOTHER'S NAME (First, Middle, Meliden Sumanne) 18. MOTHER'S NAME (First, Middle, Meliden Sumanne) 18. MOTHER'S NAME (First, Middle, Meliden Sumanne) 18. MOTHER'S NAME (First, Middle, Meliden Sumanne) 18. MOTHER'S NAME (First, Middle, Meliden Sumanne) 18. MOTHER'S NAME (First, Middle, Meliden Sumanne) 18. MOTHER'S NAME (First, Middle, Meliden Sumanne) 18. MOTHER'S NAME (First, Middle, Meliden Sumanne) 18. MOTHER'S NAME (First, Middle, Meliden Sumanne) 18. MOTHER'S NAME (First, Middle, Meliden Sumanne) 18. MOTHER'S NAME (First, Middle, Meliden Sumanne) 18. MOTHER'S NAME (First, Middle, Meliden Sumanne) 18. MOTHER'S NAME (First, Middle, Meliden Sumanne) 18. MOTHER'S NAME (First, Middle, Meliden Sumanne) 18. MOTHER'S NAME (First, Middle, Meliden Sumanne) 18. MOTHER'S NAME (First, Middle, Meliden Sumanne) 18. MOTHER'S NAME (First, Middle, Meliden Sumanne) 18. MOTHER'S NAME (First, Middle, Meliden Sumanne) 18. MOTHER'S NAME (First, Middle, Meliden Sumanne) 18. MOTHER'S NAME (First, Middle, Meliden Sumanne) 18. MOTHER'S NAME (First, Middle, Meliden Sumanne) 18. MOTHER'S NAME (First, Middle, Meliden Sumanne) 18. MOTHER'S NAME (First, Middle, Meliden Sumanne) 18. MOTHER'S NAME (First, Middle, Meliden Sumanne) 18. MOTHER'S NAME (First, Middle, Meliden Sumanne) 18. MOTHER'S NAME (First, Middle, M

mons

32. REGISTRAR'S SIGNATURE

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

19c. CITY, TOWN OR LOCATION

424 BOND STREET BALTIMORE, MD

UPPER MARLBORO.

DAYS

IF UNDER 24 HRS

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

DAYTON, MD.

RODGERS

62

6. AGE (In yrs. last birthday)

2. DATE OF DEATH MONTH DAY

7. DATE OF BIRTH
(Month, Day, Year)
DEC. 17,

MARCH 12 1990

1927

etion end/or investigation, in my opinion, death occured at the time, date end place, and due to the ceuse(e) and menner as stated.

29c. LICENSE NUMBER

DHMH-16 Rev 1/89

1990

BALTIMORE MARYLAND 21203-314	The law requires that the death certificate be executed within a los after death. Fingural may be included by the hospital or attending phy	te has been signed by the attending physician and completely filled in by the funeral discriments and the detached for use as the burner of Health and Mental Hotelere prior to burner, cremation, or removal.	fled at once.
BALTIMORE, MA	's after death. Page, may be retain	by the funeral diferent series at	m 23 shows any injury, or other traumatic event, the medical examiner must be purified at once.
(13146,	e executed within 2	an and completely filled in to burial, cremation, or	umatic event, the me
AL RECORDS, P.O. BOX 13146,	ires that the death certificate b	signed by the attending physici- tealth and Mental Hydiene prior	ws any injury, or other tra
AL RE	The law requ	te has been	rm 23 show

1 5 40 4	213-08-90 106412
	20 00412
1,7007501,4	53 YES FOR 21
	We to the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HY	GIENE
CERTIFICATE OF DEATH RE	G. NO.

ę	1 - FOR STATE REGISTRAR	ATE OF MARYLAN		MENT OF H		MENTAL	HYGIENE REG. NO.		48	
	1. DECEDENT'S NAME (First, Middle, Last) MA	RY AGNES SP	ROLE Pro/	e		2. DATE MONTH		1 90	AR	ME OF DEATH AM
9	0000	M XXXX XXXXX	X80 YRS.	F UNDER 1 YEAR MONTHS DAYS	HOURS MIN.		DE BIRTH	ń	Mary1	e (State or Foreign and
TOR	9a. FACILITY NAME (If not institution, give street and number) Anne Arundel General Hospital RESIDENCE OF DECEMENT Annapolis						Anne Arundel			del
DIRECTOR	10e. STATE 10b. COUNTY Maryland Anne Ar	rundel		TOWN OR LOCATE	ON		_			INSIDE CITY LIMITS7 YES 2 NO
FUNERAL	100. STREET AND NUMBER 4 Shipwright St.				ZIP CODE 21401			10g. CITIZEN		COUNTRY?
BY FUN	11, MARITAL STATUS 12. W	MAS DECEDENT EVER IN U. ORCES? 1 _ YES 1 YES, GIVE WAR OR DATES	MAZ-NO	If yes, spe	ENDENT OF HISPAN city Cubert, Mexice MYNO Specific	n, Puerto A		or No 14.	Black, Whi	merican Indian, is, etc. White
COMPLETED		18 ege (1-4 or 5+)		·		16b.	KIND OF BUSI	ness/INDUST	TRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) Henry Sprole		20001		18. MOTHER'S NA					
TO B	19s. INFORMANT'S NAME (Type/Print) Sr. Louis Marie Koe		6401 N	. Charle	es St. B		Md 21	212		
-	20s METHOD OF DISPOSITION 1 X Surial 2 Cremation 3 Removal fr 4 Donation Cremation 5 Removal fr	om State Vi	her place)	ia Cemet		CILITY		Arm I		
	Dennis Stephen X 23. PART I. Enter the diseases, or complete shock, or heart failure. List of immediate CAUSE (Final disease or condition resulting in death)	ications that caused th	Ilna.	ot antar the mod	da of dying, suc	h as card				Rd. 21212 Approximate Interval Between Onset and Death 3 days
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions con	tributing to death but	not resulting in	n the underlying	g cause given in	Part I.	24a. WAS AN / PERFORM	MED?	OF D	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
CIAN:		SPITAL:		26. PL	ACE OF DEATH (C)	neck only on	•)			
		Inpatient 2 ER/Outpatie 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	RK?		(Specify)	JURY OCCUR	RED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	2 Accident 3 Suicide 8 Could not be 28s. PLACE OF INJURY — At homs, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At homs, farm, street, factory, office City or lown. State)								
COMPLET	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On								suse(s) and	manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER Round C Barner			(covering)	29c. LICENSE NU			29d. DATE SI ▶ 3//		th, Day, Year)
	31. DATE SLED (MONTH) 1990	PLETED CAUSE OF DEATH		Print)					-	

BALTIMORE, MARYLAND 21203-3	be retained by the hospital or attending to 5 should be detached for use as the	s notified at once.
BALTIMORE,	v filled in by the fundal meters and	thon, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Seas after dear frage time be retained by the hospital or attending the property of the standard of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the secon	be filed within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examine must be notified at once.

. [1 - STATE REGISTRAR J. Raymo	-	111	- INTOATE C		2. DATE C	_		EAR 3. T	IME OF DEATH
3	A. SOCIAL SECURITY NUMBER		AGE (In yrs. Lest birthe	MONTHS DAY		7. DATE O	12	9	BIRTHPLAC Country)	SE (State or Foreign
	2-12-03-8388 9a. FACILITY NAME (If not institution, give STE/1A MARK	street and number) HOSDIC	CE YE	is.	ON OR LOCATION OF DE		4-0	3 B. SOUNT	/	Md
	nesidence of decedent 10a. STATE 10b. COUNT Md. Bal	timore	10c.	CITY, TOWN OR LO					10d.	INSIDE CITY LIMITS?
	905 Southerly I	Road			21204			US	N OF WHAT SA	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 IN IF YES, GIVE WAR	YES 2 K NO	If yes	DECENDENT OF HISPAI , specify Cuban, Maxica YES 2 図道O Specify	in, Puerto Ri		or No— 14	Specify: Whi	te
COMPLETE	15. DECEDENT'S EDI (Specify only highest grad Elementery/Secondary (0-12)		(Give kin life. Do N	nt's usual occup d of work done during OT use retired.) les Mana	most of working	16b.	KIND OF BUSI	ness/indus	STRY	
100	17. FATHER'S NAME (First, Middle, Lest) Charles E. S	Smith	'		16. MOTHER'S NA Nel	ME (First, M		umeme)		
2	J. Raymond Smith	n, Jr.			eet and Number or Rural bar Court		or, City or Town, nonium,		210	93
1	20a. METHOD OF DISPOSITION 1	1	other place)	Mount C			Bai	ltimo	re, M	
4	H. SIGNATURE OF FUNERAL SERVICE L	enny, Jr	+		e and adoress of fa TCHELL-WIE OO York Ro		D HOMI Baltin			21212
	ahock, or heart failure iMMEDIATE CAUSE (Fine) disease or condition reaulting in death)	META	STAS	15 01	F PROST	STE	GLA.	ND.	İ	Interval Between Onset and Death
	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	R AS A CONSEQUENT	CE OF):						
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OF DUE TO (OF d.	R AS A CONSEQUEN	CE OF): CE OF):			24a. WAS AN A PERFORI	NJTOPSY MED?	CON	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
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IMMEDIATE CAUSE disease or condition resulting in death)

Sequentially list conditions,

If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 Yes 2 ND

27. MANNER OF DEATH 1 Netural

2 Accident

3 Suicide

4 Nomicide

1 -

DIRECTOR

FUNERAL

В

COMPLETED

BE

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, The ATTENDING

ours after death. Part 6 mm be retained by the hospital or attendi	In by the funeral manner laye 5 should be detached for use as t	or removal.	nedical examiner must be notified at once.
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Par expressioned by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral manager. Jayle 4 should be detached for use as t	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinmement be fiolitified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIA	TO THE FUNERAL DIRECTOR: After this certi	be filed within 72 hours after death with the	IMPORTANT: If Item 28 is marked, or

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FOR STATE REGISTRAR		STATE OF M					EALTH AND I	MENTAL HYGIEN REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)		+				-		2. DATE OF OEATN MONIN C DAY		YEAR	3. TIME OF OEATN	\neg
JOSEPH		SIMMONDS						MONTH 9-90 DAY		TEAN	10:00 A.	М.
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. last birthday)			IF UNDER 1 YEAR IF UNDER 24 HRS.		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTNPLACE (State or Foreign Country)		
215-28-3843		1 🔀 M 2 🗆 F	58	YRS.	MONTH	S DAYS	HOURS MIN.	Feb. 17 1	.932		MD.	
9a. FACILITY NAME (If not institution, give street and number)					9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN				DEATN			
3618 BONVIEW AVENUE				BALTIMORE CI			TY					
RESIDENCE OF DEC											r	=
10a. STATE 10b. COUNTY			10c. Cl	10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?		
MD.	MD				BALTIMORE						17 YES 2 NO	
10e. STREET AND NUMBER						10f. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?			
3618 BONVIEW AVE.				21			212	13	3 U.S.A.			
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES KOREAN WAR			2 □ NO If yes, specity Cuban, Mexican, F 1 □ YES 2 ☒ NO Specify:			n, Puerto Rican, atc.)						
15. DECEDENT'S EDUCATION (Specify only highest grade completed)			16a	16a. OECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working				16b. KIND OF BUSINESS/INDUSTRY				
Elementary/Secondary (0-12) College (1-4 or 5 +)			+) M	MECHANICAL FOREMAN			MAN	BETHLEHEM STEEL				
17. FATHER'S NAME (First, Middle, Lest)					18. MOTNER'S NAME (First, Middle, Malden Surname)							
PHILIP SIMMONDS				EMMA				MMA ALES	1A ALES			
19a. INFORMANT'S NAME (Type/Print) 19b. MA				19b. MAILIN	MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zlp Code)							
ANNA M. SIMMONDS (WIFE)					3618 BONVIEW AVE., BALTIMORE, MD. 21213							
1 X Buriel 2 Cremetion 3 Removal from State other place)					OSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State EW MEMORIAL PARK BALTIMORE, MD.							
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE		0			D ADDRESS OF FA					
· Eugene & Lautrish					SCHIMUNEK FUNERAL HOMES, INC. 3331 BREHMS LANE, BALTIMORE, MD. 21213							
23. PART i. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory erreat, shock, or heart feliure. List only one cause on each line. Approximate interval Between Onset and Death												
IMMEDIATE CAUSE (Finel disease or condition								12 XX				

resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. circle smoh

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF)

DUE TO (OR AS A CONSEQUENCE OF):

24a. WAS AN AUTOPSY PERFORMED? 1 H YES 2 NO

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

		20. PLACE OF DEATH (U)	eck only one)				
OSPITAL: ER/Outpatient 3	DOA 4 Nu	R: rsing Nome 5 Residence	6 Other (Specify)				
28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE NOW INJURY OCCURED				
28e. PLACE OF INJURY — At ho building, atc. (Specify)	me, farm, street, fac	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

03511

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 __ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated.

my carcer

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SHENED /Mouth, Day, Hear)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JULIA BLUM M.D.

5 Pending Investigation

6 Could not be determined

32. REGISTRAR'S SIGNATURE 4"1990

DHMH-16 Rev 1/89

	by the hots	be detach	at once.
	bugged a	S could	notified
	1	and and	must be
	death. Pag	e funeral di	examiner
1	hours after	ed in by the	medical
	within 24	npletely filk cremation,	vent, the
	be executed	ian and cor	sumatic e
	certificate t	ding physici lygiene prio	other tra
	the death	y the atten	injury, or
	equires that	on signed by Mealth an	hows any
	The law re	ate has bec	tem 23 st
	YSICIAN:	s certifica	d, or 18
	IDING PHY	death with	s marke
	OR ATTEN	DIRECTOR: hours after	item 28 i
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Paging maken featured by the hints	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director pages, could be obtained by filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	F	FA	=

	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEP CERT	ARTMENT					YGIEN EG. NO.	E				
i	1. DECEDENT'S NAME (First, Middle, Last)		- 1					2. DATE OF O	DEATH	v	YEAR	3. TIME (OF DEATH	
. 1	FRANCIS X. SHANK							MARCH 8, 1990				8:58	P	, м
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birtho	MONTHS	1 YEAR	IF UNDER	24 HRS.	7. DATE OF E (Month, De			6. BIRTH Countr	IPLACE (St	ate or Fore	ign
	193-18-7123	13K M 2 🗆 F	64 YR	S.				JULY 7	7, 19			NSYL	VANI	A
DIRECTOR	98. FACILITY NAME (If not institution, give str 1511 SOUTHVIEW RO				AIR	R LOCATION	ON OF DE	ATH			FORE			
EG	10a. STATE 10b. COUNTY		10c.	CITY, TOWN	OR LOCAT	ION						10d. INSt	DE CITY	$\overline{}$
	MARYLAND HARFO	RD	В	BEL AIR									2 🔯 N	0
FUNERAL	10e. STREET AND NUMBER	AD		101. ZIP CODE								WHAT COU	NTRY?	
NE	1511 SOUTHVIEW RO	ALJ 12. WAS DECEDENT B	TVED IN ILS ADMED	112		1014		IIC ORIGIN? (S	anathi Van		S.A.		nan Indian	
	1 Never Married 2 Married		YES 2 NO		If yes, spi	city Cuba	n, Mexica	n, Puarto Ricar		OF NO-		E Americk, White, e	tc.	,
ВУ	3 Widowed 4 Divorced	WWII	ON DATES	1 TES 2 X NO Specify:						}	WHI	TE		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		(Give kind	NT'S USUAL O	during mo-	ON st of workin	ng	16b. KIN	D OF BUS	SINESS/IND	USTRY			
9	Elamentary/Secondary (0-12)	College (1-4 or 5+)		OT use retired.)				42.00						
MP.	N/A N 17. FATHER'S NAME (First, Middle, Lest)	/A	Broc	K OPER	ATOR		15010 111		TRAK	0				
	A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	an.						ME (First, Middl						
BE	CURTIS C. SHANK. 19a. INFORMANT'S NAME (Type/Print)	SR.	19b. MAII	LING ADDRES	S (Street a			Poute Number (Code)			
5	MARY SHANK (WIFE)											1014		
	MARY SHANK (WIFE) 1511 SOUTHVIEW ROAD, BEL AIR, MARYLAND 21 20a. METHOD OF DISPOSITION 1 Disposition 1 Disposition 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town other place)													
120	4 Donation 5 Other (Specify)		DULANEY						TIN	ONIU	M, M	IARYL	AND	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	<u> </u>	SC SC	NAME AN	D ADDRE	SS OF FA	CRAL HO	ME	TNC				
	Eugene).	Lastre	5 h	97	05 B	ELAI	R RO	AD, BA	ZTM	ORE,	MAR	YLAN	D 21:	236
	23. PART I. Enter the diseases, or cashock, or heart failure.	omplications that c	aused the death. I	Do not enter	the mo	de of dy	ing, su <	as cardia	or feat	ratory an	rest,		proximat erval Bet	
	IMMEDIATE CAUSE (Final	(A 1			0		. X					set and	
	disease or condition reaulting in death) a.									-1-		_		
	DUE TO (OR AS A CONSEQUENCE OF):										i			
ō	Sequentially list conditions, If any, leading to immediate													
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury				1									
	that initiated events	DUE TO (O	R AS A CONSEQUENC	E OF):										
CERTIFICATION	resulting in death, Erest											-		
4	PART ii. Other significant condition	s contributing to d	eath but not result	ing in the u	nderlyin	g cause	given in	Part i. 24	. WAS AN	AUTOPSY	24t	. WERE AU	TOPSY FIN	
MEDIC								1	YES 2	NO		OF DEAT	NON OF CA	USE
ME									•			1 🗌 YES	3 2 N	0
PHYSICIAN:														
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE	R:	1/		eck only one)	.000					
14S	1 TYES 2 NO 27. MANNER OF DEATH	1 ☐ Inpetiant 2 ☐ E	R/Outputient 3 DO	TIME OF	raing Hom 28c. INJ	$\overline{}$	esidence	6 Cother (S)		INJURY OC	CURED			
	Natural 5 Pending	(Month, Day,		INJURY M	WC	PRK7	□ NO							
ЭВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	INJURY — At home, for	irm, street, fac	tory, offic	•		28f. LOCATIO	ON (Street	and Numbe	r or Rural	Route Num	ber,	
COMPLETED	4 Homicide detarmined building, etc. (Specify) City or Town, State)													
P.E.	294. CERTIFIER TO CERTIFYING PHYSI	QIAN: To the best of m	y xnonghisqui, shiath oc	ccurred at the	time, data	and place	, and due	to the cause(s) and me	nner as ste	ted.			
0 0	ONE MEDICAL EXAMINE	: On the basis of exa	migation and/or invest	igation, in my	opinion, d	leath occu	red at the	time, date and	d place, as	nd dua to t	he cause(s) and mer	mer aa sta	ned.
l w l	296. SIGNATURE AND TITLE OF CERTIFIER	1	7			rec. LIC	ENSE NUI	MBER	7	29d. DAT	E SIGNED	(Month, E	Ney, Year)	
TO B	Jul					V	48.	33	<u> </u>	12	191	80		
-	DR. LINDA FREILIC				יינים	T A-	D 14	(A D377 A 33	m 0.7	07/				
	31. DATE FILED (Month, Day, Year)	1, 1004 G	HURCHVILLI S SIGNATURE	L KUAD	, BE	L AL	K, M	AKYLAN	71 עו	.014				
	MAR1 4 1990 4	Sie Builon	Booker											

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uneral (APORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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UNERAL DIRECTOR: After this certificate has been signed by	filed within 72 hours after death with the State Dept. of Health and Mental Hygi	10WS	
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	REGISTRAR	CERTIFICA	TE OF DI	EATH	REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)	Stoke	C	2. (DATE OF DEATH	OYEN	3. TIME OF DEATH					
	Louise E.	01-133			29 6	7 40	I de M					
	4. SOCIAL SECURITY NUMBER 2/6-03-68881 M = XF	(In yrs. last birthday) IF U		URS MIN. 7. 0	Month, Day, Year)	. Go	RTHPLACE (State or Foreign untry) C •					
E E	98. EXCILITY NAME (II not institution, give street and more) & Bach more Balt more Balt more											
5	RESIDENCE OF DECEDENT			7010								
FUNERAL DIRECTOR	Md .		to.			10d. INSIDE CITY LIMITS? 1XX YES 2 □ NO						
RAL	2613 Loyola Southway	•	10f. ZIP	1215		F WHAT COUNTRY?						
N.	11. MARITAL STATUS 12. WAS DECEDENT EVER II	N U.S. ARMED		ENT OF HISPANIC O	RIGIN? (Specify Yes	ACE — American Indian,						
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced FORCES? 1 YES, GIVE WAR OR D			Cuban, Mexican, Pu		lock, White, etc.						
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU.	AL OCCUPATION	unding	16b. KIND OF BUS	INESS/INDUSTR	Y					
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work of life. Do NOT use reti Housewi		working								
O	17. FATHER'S NAME (First, Middle, Last)		18.	MOTHER'S NAME (F	First, Middle, Maiden	Surname)						
BE C	William Bush			Mary	Dyson	1	1					
TO B	19a. INFORMANT'S NAME (Type/Print)	1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		lumber or Rural Route								
F	Theresa Watson	6236 Rol	oin Hill	Rd., Ba	lto., Md	. 212	07					
	20s. METHOD OF DISPOSITION 1 Deurlei 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) Arbutus Mem. Pk. 20c. Location – City other place)											
	21. SIGNATURE OF FUHERAL SERVICE LICENSEE			DORESS OF FACILITY								
	· Fortia Elisas	1)	4300	Wabash A	ve.							
	23. PART I. Enter the diseases, or complications that cause enock, or heart failure. List only one cause on e	d the death. Do not e ech line.	nter the mode of	of dying, such as	cardiac or respi	ratory arrest,	Approximate Interval Between					
	IMMEDIATE CAUSE (Finel	1/		/	1-1	0	Owers and Death					
	disease or condition a	- Hom	Ont	rage	-ne	rnal						
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Acute Hemorhage (Internal) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):											
ON	DUE TO (OR AS A CONSEQUENCE OF)											
TA:	If any, leading to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A	A CONSEQUENCE OF):										
F	resulting in death) LAST											
	PART II. Other eignificant conditions contributing to death it	out not regulting in th	e underlylna ce	use alven in Pert	I. 24s. WAS AN	ALITORRY	24b. WERE AUTOPSY EINDINGS					
DICAL	Hupocalcomia	at not resulting in th	e dilderlying ca	idae given in ran	PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE					
ED	Tigge Ga Carried				1 YES 2	□ NO	OF DEATH?					
Σ							1 TYES 2 NO					
A	25. WAS CASE REFERRED TO MEDICAL		26. PLACE	OF DEATH (Check o	nly one)							
PHYSICIAN: ME	EXAMINER? 1 YES 2 NO 1 Impatient 2 ER/Out		HER:	☐ Residence 6 ☐			, =					
Ή	27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIME OF	28c. INJURY	AT 28d	I. DESCRIBE HOW I	NJURY OCCURE)					
ВУ Р	Natural 5 Pending (Month, Day, Year)	INJUNY	WORK?	2 NO		-						
	D	/ — At home, farm, stree	, factory, office	281	LOCATION (Street of	and Number or Ru	ral Route Number,					
TED	4 Homicide determined				City or Town, State)							
S.E	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my know	viedge, death occurred at	the time, data and	place, and due to the	ne cause(a) and mar	ner se stated.						
COMPLET	one) 2 MEDICAL EXAMINER: On the basis of examinate	on and/or investigation, in	my opinion, death	occured at the time	, date and place, an	d due to the ceu	se(s) and manner as stated.					
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		29	c. LICENSE NUMBER	0	29d. DATE SIG	NED (Month, Day, Year)					
2	30 NAME AND ADDRESS OF BERSON WAY SOME	W	1)33582	8	7 3	0-70					
	Tony Lawrence MD F		med (enter:	3319 (N Bel	luderAve					
	MAR 14 1990 Julia Burilan					Boll	1mp 2/2/5					

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page, should be after within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CI	ERIIF	ICALE	UF	DEAL	ın	HI	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			E.			_		2. DATE OF D MONTH	DA		YEAR	3. TIME OF OEATH
		JAMES	Calvi			SHAY			March				
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BI (Month, Day)	Year)	400	Countr	**
	233-34-5433		0.5	11405					July	29,			Ohi0
l ~ l	9a. FACILITY NAME (If not institution, give street and number)						R LOCATI	ON OF DE	ATH			NTY OF D	
2	Memorial RESIDENCE OF DECEDENT	Hospita	1		Cun	iber	land				A	lleg	any
입	10a. STATE 10b. COUNT	TY		10c. CIT	Y, TOWN O	R LOCAT	ION					1	10d. INSIDE CITY
DIRECTOR	Md.	Westernport									LIMITS? 1 YES 2 X NO		
7	10e. STREET AND NUMBER					100	ZIP CODE	E	•	10g. CITIZEN OF WHAT COUNTRY?			VHAT COUNTRY?
FUNERAL	Rt. 1 Box 35	С		26726								U.	S.A
3	11. MARITAL STATUS	12. WAS DECEDEN							IIC ORIGIN? (Sp		or No-		— American Indian, c, White, etc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	YES 2 0	NO	NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:							Speci	
ED B	15. DECEDENT'S ED	ICATION 1		CEDENTS	USUAL OC	CLIDATIC	W		165 KINI	OF BUS	INESS/INI	DUSTRY	WILLEC
	(Specify only highest grad	e completed)	(G	ive kind of a	work done d	luring mo	st of working	ng	Total rains	0 00	WLJJ/W	5001111	
	Elementary/Secondary (0-12)	College (1-4 or 5	· .	ori	ne D	iox	ahi	On	Wes	tva	co (Corr	
OMPL	17. FATHER'S NAME (First, Middle, Last)		101	0111	IC D.	ION			ME (First, Middle			COL	
0	James L. S	hav					1000000		Litz				
B	19a. INFORMANT'S NAME (Type/Print)	ilay	19	b. MAILING	ADDRESS	(Street a			Route Number, C			io Code)	
일	Helen Shay				Во								21562
	20s. METHOD OF DISPOSITION								SCEIN				
í.	20s. METHOD OF DISPOSITION 1 To Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetery or other place) Rest Lawn Mem. 20c. LOCATION — City or Town, State LaVale, Md.												
	21. SIGNATURE OF FUNERAL SERVICE L		\				D ADDRE			241	4.0		-
	William HE		.) -1-		_D	0	Das	- 4	D4 ~ 4-		2.7.	- 1	6750
-	William H. Fredlock P.O. Box 4 Piedmont. Wv. 26750 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such se cardiac or respiratory arrest, Approximate											Approximate	
	ahock, or haert fallure. List only one cause on each line.											interval Between Onset and Death	
	iMMEDIATE CAUSE (Finel disease or condition	Von	P. 200 F	(hall)	n								Oliset and Death
	disease or condition resulting in deeth) a. Our TO (OR AS A CONSEQUENCE OF):												
2	Advanced ang Cascinoma.												
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate	DUE TO	TOR AS A CONSE	QUENCE O	F):	1)						
S	cause. Enter UNDERLYING CAUSE (Disease or injury	C	12/01/2	7 1	me	+6	Š.	-					
E	that initiated events	DUE TO	(OR AS A CONSE	QUENCE O	F):								
띮	recuiting in death) LAST	d											
	PART ii. Other aignificant condition	one contributing to	death but not	resulting	in the un	derlyin	n cause	aiven in	Part i 24a	WAS AN	AUTOPSY	241	. WERE AUTOPSY FINDINGS
EDICAL					ar are ar		9 00000	g		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
اق									— ¹[YES 2	MO NO		OF DEATH?
2									- 1				1 YES 2 NO
ä													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF E	DEATH (Ch	eck only one)				-
YS	1 TYES 2 NO		☐ ER/Outpatient		_			esidence	6 Other (Sp				
	1 M Netural 5 Pending	28a. DATE Of (Month, I	Day, Year)	28b. TIA	JURY M	WC	URY AT ORK? YES 2	7 410	28d. DESCRIE	BE HOW I	NJURY OC	CURED	
B	2 Accident Investigation		OF INJURY — At h	Arma form				_ NO	284 1 OCATIO	M /Street a	and Marmh	ar or Own!	Route Number,
E	3 Suicide 8 Could not be determined	building	, etc. (Specify)	ome, rem,	actions, save	ory, orne			City or To	wn, State)	ind Nombe	er ur nurer.	noute Namost,
LET	29a. CERTIFIER								l				
COMPL	(Check only	SICIAN: To the best of											a) and manner as stated.
8				unrealigate	ori, in my o	prinori, c	Joann Occu	red at the	time, oaks and	piace, an			
	29b. SIGNATURE AND TITLE OF CERTIF	ER					29c. LIC	ENSE NUI	MBER		29d. DA	TE BIGNES	(Month, Bay, than)
B	4	1/1 1/1									_		
0		IM									-	01	0/10
	30. NAME AND ADDRESS OF PERSON W					Buil	ding	, Cui	mberla	nd.	Md.	2150	2
0		THO COMPLETED CALL EMORIAL HO	ospital			Buil	ding	, Cu	mberla	nd,	Md.	2150	2

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mouns after beath. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction has find within 72 hours after clearly with the State Deot, of Heatth and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF I		MENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	5	ILUIA	STEINE	BERG	2. DATE OF DEATH MONTH D	AY YEAF	3. TIME OF DEATH 4 · 3 · O · M · M		
		6. SEX 6. AGE (1		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. Bif Cod	RTHPLACE (State or Foreign RUSSIA		
OR	90. FACILITY NAME (If not institution, give stree SINAI HOSPITA				BALTIMORE		9c. COUNTY OF	F DEATH		
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		Inc. CITY	. TOWN OR LOCA	TION			10d. INSIDE CITY		
DIRECTOR	MARYLAND BALTI	MORE.	100.011	BALTI				LIMITS?		
	10e. STREET AND NUMBER	-0112			f. ZIP CODE		10g. CITIZEN D	10g. CITIZEN DF WHAT COUNTRY?		
	2529 SMITH AVE.				21209		US	SA.		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried XX Wildowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR DR DA	2 X(O	RMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 14. RACE						
	15. DECEDENT'S EDUCAT	ION	18e. DECEDENT'S			16b. KIND OF BU	SINESS/INDUSTR	Y		
COMPLETED	(Specify only highest grade co	Callege (1-4 or 5+)	life. Do NOT use	ork done during ma a retired.)	ost of working					
M M	10	- A - 2A	/ LAUN	NDRESS		I	LAUNDRY			
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maider	Surneme)			
BE	JOSEPH STEINBER	G				ESTHER UNI				
2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Toy				
		MRS. MOLLIE KRAUS 2529 SMITH AVE. BALTIMORE,								
	20e. METHDO OF DISPOSITION 1	from State	other place)	F DISPOSITION (Name of cemetery, crematory or a) ITEFIORE 20c. LOCATION — City or Town, Star QUEENS, NEW YO						
	21. SIGNATURE OF FUNERAL SERVICE LIGHT	CILITY ON & BROS. RSTOWN RD.		,MD 21215						
CERTIFICATION	23/PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arreat, shock, of head failure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) STAPH - AUREUS SEPTICAEMIA 28 days Due to (or as a consequence of): Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST OUE TO (or as a consequence of): OUE TO (or as a consequence of):									
PHYSICIAN: MEDICAL C	PART II. Other significent conditions Candio value my o cand	cular		lert,	g ceuse given in	N AUTOPSY RMED? 2 2000	MED? AVAILABLE PRIOR TO			
<u>₹</u>	25. WAS CASE REFERRED TO MEDICAL	near	t fe		LACE OF DEATH (C/	neck only one)				
္ဗ		HOSPITAL:	entlant 3 DOA	OTHER:	ne 5 🗆 Residence	8 Other (Specify)				
ቷ	27. MANNER OF DEATH	280. DATE DF INJURY	28b, TIMI	E OF 28c. IN	JURY AT	28d. DESCRIBE HOW	INJURY OCCURES	D		
BY B	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ		ORK? YES 2 ND					
	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec		street, factory, offi	ce	281. LOCATION (Street City or Town, State	st and Number or Rural Route Number, te)			
COMPLETED	ane)	AN: To the best of my know On the beste of examination						ise(e) end manner ee stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		IOUSE-		29c. LICENSE NU	MBER	29d. DATE SIGNED (Month, Day, Year) 03/11/90			
	SWATI DE	EsAl,	SINAI		PITAL	- 0F B	ALTIM	ORE, MD		
	MAR 1 4 1990	12 REGISTRAR'S SIGN	Mandelle.	•				21215		

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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 nours after death, Page 6 may b	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	the med within 12 hours after used it with the batter been, or teen any injury, or other traumatic event, the medical examiner must be	1
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	FOR STATE REGISTRAR	STATE OF MARY		MENT OF H		IENTAL HYGIE REG. N					
	1. DECEDENT'S NAME (First, Middle, Last) i FA H II	DA SPFE	RT			2. DATE OF DEATH	DAY YE	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5,000	(In yrs. last birthday)	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	(A Sept) 6. BIRTHPLACE (State or Foreign Country OL AND				
NG.	99. FACILITY NAME (If not institution, give str SINAI HOSPITAL	eet and number)		96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE 9c. COUNTY OF DEATH							
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY		inc CITY	10c. CITY, TOWN OR LOCATION BALTIMORE 10d. INSIDE CITY LIMITS?							
DIRECTOR	MARYLAND		100 011		= -		YES 2 NO				
FUNERAL	3 7 3 7 CO	orles Lo	ne #3	#308 10f. ZIP CODE 10g. CITIZEN OF WH/							
BY FUN	11. MARITAL STATUS 1 New Merried 2 Merried 3 Wildowed 4 Divorced										
ED	15. DECEDENT'S EDUC (Specify only highest grade of	15. DECEDENT'S EDUCATION 16a. O				16b. KIND OF	BUSINESS/INDUST	WHITE			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during mos retired.) KEEPER	a or working		RETAIL				
ON	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAI	ME (First, Middle, Mak	den Surname)				
BE (MORRIS BLUMERT						ATLAS				
9	190. INFORMANT'S NAME (Type/Print)				nd Number or Rural R						
	MRS. LIBBY LEHMAN 6504 GLENWICK CT. BALTIMORE, MD 21209 20e. METHOD OF DISPOSITION (Name of cometary, crematory or 20c. LOCATION — City or Town, State										
	TYPE Burial 2 Cremetion 3 Remo	val from State	other place) BNAI I	SRAEL			BALTIMO	DRE, MD			
	21. SIGNATURE OF PURENAL SURVICE LICE				OL LEVI REISTERS						
	23. PART Letter the decease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. MAPPROXIMATE CAUSE (Final disease or condition resulting in death) Due TO (on As a CONSEQUENCE OF):										
ATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST										
PHYSICIAN: MEDICAL CI	PART II. Other significant condition	a contributing to death	but not resulting i	n tha undarlyin	g cause given in	PER	AN AUTOPSY FORMED? S 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ž											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1	26. PI	ACE OF DEATH (Ch	eck only one)					
YSI	1 TES 2 NO	HOSPITAL: 1- inpatient 2 - ER/O		4 - Nursing Hon	ne 5 🗆 Residence						
ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year		URY WO	DRY AT DRK? YES 2 NO	28d. DEŞCRIBE HO	W INJURY OCCUP	ÆD			
	3 Suicide 6 Could not be 4 Homicide determined	reet end Number or tate)	Rural Route Number,								
COMPLETED	(Crieck Drifty	CIAN: To the best of my kn						suse(e) and menner ee stated.			
BEC	296. SIGNATURE AND TITLE OF GERTIFIET	7	-		29c. LICENSE NUI	WBER	29d. DATE SIGNED (Month, Dey, Year)				
5	36. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	, Print)	l			11410			
	31. DATE FILED MONTH. 27. 1990	al DEGISTRAR'S SI	IGNATURA TO THE OWNER OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PA	1							

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 m	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral/director. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
	surs after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hyplene prior to burial, cremation, or removal.	medical
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DIVISION OF VITAL AECONDS, F.O. DOA 13148,	be execut	sian and co	aumatic
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•	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAI	ND / DEPAI CERTIF					MENT	AL HYGIEN	E) (0 00420
	1. DECEDENT'S NAME (First, Middle, Last)									TE OF DEATH		YEAR	3. TIME OF OEATH
1	William R	Russell S	AWYER	_		_				irch 13			12:30 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER	DAYS	HOURS	R 24 HRS.		TE OF BIRTH onth, Day, Year)		6. BIRTHI Country	PLACE (State or Foreign
	213-07-6512	1 M 2 F	86	YRS.		Feb. 26, 1904 V						Vi.	rginia
"	9a. FACILITY NAME (If not institution, give s 3714 Overlea Ave		06				OR LOCAT		EATH		l	TY OF DE	
0	RESIDENCE OF DECEDENT	inue Z1Z	00		Dai	LIIIC	ore,	MD					
DIRECTOR	10a. STATE 10b. COUNTY	Υ			TY, TOWN		LION						10d. INSIDE CITY LIMITS?
	Maryland			Bal	Ltimo	re							1 YES 2 NO
!AL	10e. STREET AND NUMBER						. ZIP COO						HAT COUNTRY?
FUNERAL	3714 Overlea Aven						21206					S.A.	
F	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDED FORCES?	YES	2 X NO		It yes, sp	ecity,Cub	en, Mexico	n, Puer	GIN? (Specity Yes to Rican, stc.)	or No-		— American Indian, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DAT	ES		1 YES	2 🐧 NO	Specif	y:			Specif	hite
E	15. DECEDENT'S EOUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working												
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) Ship Carpenter Ship Yard (Beth. Steel)												
MP	8			Ship Ca	arpen	ter						Beth	. Steel)
	17. FATHER'S NAME (First, Middle, Last) Celus Lee Sawyer						Rhc			st, Middle, Maiden IYET	Surname)		
띪	19a. INFORMANT'S NAME (Type/Print)			195 MAILIN	G ADDRES	S /Street				umber, City or Tow	n State Zin	Code)	
유	Bernice Sawyer									timore,			06
		_	20b. F	PLACE OF DISPO							CATION —		
	20g, METHOD OF DISPOSITION 1												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DIPPEL FUNERAL HOME, INC												
	7110 Belair Road Baltimore, MD.												
	23. PART / Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, Approximate												
1	immediate cause (Finel	List only one ce	utte on eac	ch line.									Onset and Death
		e. Em	shyses	-9									1077713
		DUE TO	(OR AS A	CONSEQUENCE	OF):								1
NO NO	Sequentially list conditions,	b	OR AS A C	CONSEQUENCE	Oles-								
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	-	(011 10 11 0	ON GEODENIGE	O. J.								į
E	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A	CONSEQUENCE	OF):								
FR	resulting in dasth) LAST	d											
C	PART II. Other significant condition	ns contributing to	deeth bu	t not resulting	in the u	nderivin	g cause	given in	Part I	. 24a, WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
		_								PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED					_					1 U YES 2	M NO		OF DEATH? 1 YES 2 NO
2								<u> </u>					
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF	DEATH (C	neck onl	y one)			
SIC	1 YES 2 NO	HOSPITAL:	☐ ER/Outpat	tient 3 🗆 DOA	OTHE 4 Nu	R: raing Hor	ne 5 X F	Realdence	8 🗆 0	ther (Specify)			
PH	27. MANNER OF OEATH	28a. DATE O (Month,	F INJURY Day, Year)	28b. TI	ME OF	28c. IN W	JURY AT ORK?		28d.	OEȘCRIBE HOW I	NJURY OC	CUREO	
В	1 Netural 5 Pending 2 Accident Investigation				М		YES 2	□ NO					
E	3 Suicide 8 Could not be 4 Homicide determined	building	, atc. (Specif	- At home, farm	, street, fac	ctory, offi	CO		28t. 1	OCATION (Street City or Town, State)	and Number	or Hural F	loute Number,
COMPLETED	29e. CERTIFIER												
MP	Torreck Only A	ICIAN: To the best of ER: On the basis of) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE		_				-	CENSE NU		Hodel (#25. X			(Month, Day, Year)
BE		7	0				~	206	> -	2			14, 1990
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETEO CAI								>		arcil	14, 1770
	Dr. George Lowe,	M.D.	3703	Belair	Road	l Ba	altir	nore	, MI	21213	3		
	31. DATE FILED (Month, Day, Year) MAR 1 4 1990	32. REGISTR			7								
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ò,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	rtifica	g phy	ther	
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. DECEDENT'S NAME (First, Middle, Last)				ATE OF			OF DEATH	Y 0 =	YEAR	3. TIME OF DEATH
	SA	RAH FRAN	VCES S	SIGEL		3 /	7 11 7	90	TEAN	6:34 P M
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest t	"	F UNGER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH		8. BIRTH	IPLACE (State or Foreign
219-20-7499	1 M 2 F	78	YRS.	DATS	HOURS MIN.		29-191	1		RYLAND
ea. FACILITY NAME (If not institution, give str	reet and number)		9	b. CITY, TOWN	OR LOCATION OF DE	EATH		9c. COUN	-	
FRANKLIN SOUARE I	HOSPITAL				ROSSVILI	E		Bal	tomo	ore County
00. STATE 10b. COUNTY			10c. CITY, 1	OWN OR LOCA	TION					10d. INSIDE CITY
MARYLAND BY	ALTIMORE				DUNDALK					LIMITS?
0e. STREET AND NUMBER				10	f. ZIP CODE			10g. CIT12	ZEN OF V	WHAT COUNTRY?
9 GRAYWOOD ROAD					2122	2			U	SA.
1. MARITAL STATUS	12. WAS DECEDENT FORCES? 1				CENDENT OF HISPAI			or No-	14. RACI	E American Indian, k, White, etc.
Never Merried 2 Merried Widowed 4 Divorced	IF YES, GIVE WA				2 NO Specifi		moan, atc.)		Spec	thy:
15. DECEDENT'S EDUC	NATIONI .	40. 050								WHITE
(Specify only highest grade	completed)	(Give	e kind of wor Do NOT use n	UAL OCCUPATI k done during me ptired.)	ost of working	186.	. KIND OF BUS	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)						LEVE	R BRO	THE	RS
12TH GRADE 7, FATHER'S NAME (First, Middle, Last)	N/A				16. MOTHER'S NA	ME (First A				
JAMES PRICE					SARAH	FILE	N NORR	IS		
90. INFORMANT'S NAME (Type/Print)		19b.	MAILING AL	DDRESS (Street	and Number or Rural	Route Numb	ber, City or Town	n, State, Zip	Code)	
FRANCES MARIE WAI	LIMAN	F	RT 2 F	30X 108	0 WARFOR	DSBU	RG, PA	172	267	
Oe_METHOD OF DISPOSITION LABordel 2 Cremetion 3 Herno		20b. PLACE OF	F DISPOSIT	ION (Name of ce	metery, crematory or		20c. LO	CATION —	City or To	own, State
Donation 5 Other (Specify)	real from state	BUCK V	ÄLLE	ZION	LUTH. 3-	15-9	0 WAR	FORDS	BUR	G, PA
II. SIGNATURE OF FUNERAL SERVICE LIC	ENGE	1		22 YAME A	ND ADDRESS OF FA	CHTX T	HOME	OE DI	IVIDA.	LK, INC.
¥ 'h 10h/ -	4 1	//			POUR PIUN					
23. PART I. Enter the diseases, or c shock, or heert fellure. I IMMEDIATE CAUSE (Final disease or condition	Liet only one cede	e Dn eech line.		7922	WISE AVE	NUE I	DUNDAL	K, MI)	21222 Approximate Interval Between Onset and Death
shock, or heert fellure. I	Liet only one cede Congest DUE TO (IVE HEAT	ot Far DENCE OF): DENCE OF):	7922	WISE AVE	NUE I	DUNDAL	K, MI)	21222 Approximate Interval Between
shock, or heert feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	Liet only one cede Congest DUE TO (ive Hear	ot Far DENCE OF): DENCE OF):	7922	WISE AVE	NUE I	DUNDAL	K, MI)	21222 Approximate Interval Between
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Shock, or heert fellure. Immediate cause (Final disease or condition resulting in deeth) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST PART II. Other algnificant condition: AOY tic Stenos 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. 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POTHER: Number 28c. IN WW 1 1 1 1 1 1 1 1 1	WISE AVE pde of dying, suc g cause given in Cy LACE OF OEATH (C) me 5 Residence JURY AT ORK? YES 2 NO ce e end place, end du death occured at the 29c. License NU 1055	Part I. Part I. 28d. Des	24a. WAS AN PERFORM YES 2 ATION (Street or Town, State) CATION (Street or Town, State)	AUTOPSY IMED? 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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN		OLIT	III IVA	LOI	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	7 ///	/1//	adal	000		2. DATE OF DEATH		YEAR 3. TIME OF DEATH
		V. Trav		gdal		I surrous areas			.990 1P. M
	4. SOCIAL SECURITY NUMBER 213-05-9118D	5. SEX	6. AGE (In yrs. last birth	RS. MONTH	B DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-16-19		a. BIRTHPLACE (State or Foreign Country) Marvland
	9a. FACILITY NAME (If not institution, give s		00	9b. C	TY, TOWN	OR LOCATION OF DE			TY OF DEATH
Œ	4006 Silver Sy		Polit	imore		1.00			
DIRECTOR	RESIDENCE OF DECEDENT	orrug V	u a		рат	THOLE		Da	ltimore
Ä	10a. STATE 10b. COUNT			c. CITY, TOW	N OR LOCA	TION			10d. INSIDE CITY LIMITS?
ā	Md. Ba	altimor	e	Bal	time	re			1 ☐ YES 2 ☑ NO
AL	10e. BTREET AND NUMBER				10	. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?
E	4006 Silver S	pring	Rd.			21236			U.S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDED	NT EVER IN U.S. ARMED				IIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	or No-	14. RACE — American Indian, Black, White, etc.
84	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES			2 NO Specify			Specify: White
9	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDE	ENT'S USUAL	OCCUPATI	DN ast of working	16b, KIND OF BUS	SINESS/IND	USTRY
4	Elementary/Secondary (0-12)	College (1-4 or 5	life Do t	VOT use retire	d.)				
MP	8th)rgar	iist			irch	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	
BE	Christian Mi	ller				Anna		chle	
10	19a. INFORMANT'B NAME (Type/Print)			ILINO ADDR	ESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zip	Code)
-	Mr. Louis A.						nix Md.		
	20s METHOD OF DISPOSITION 1. Burlal 2 Cremston 3 Rem	oval from State	20b. PLACE OF D other place)	IBPOSITION	(Name of ca	metery, crematory or	20c. LO	CATION	City or Town, State
	4 Donation 5 Other (Specify)		- Oal	Lav	m Ce	Metery		Balt	o., Md.
	21. SIGNATURE OF FUNERAL SERVICE LI	CEMBEE						7	TT
	Jantley 10	tillen			7527	Tey MIT.	ller Fune	eral	nome . Md. 21234
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DAS DUE TO DUE TO BUE TO BUE TO	O (OR AS A CONSEQUENT) O (OR AS A CONSEQUENT) O (OR AS A CONSEQUENT)	ICE OF):	CH les	F-a orel	ugniz	ort	Onset and Death
CE		0.1							
: MEDICAL	PART II. Other significant condition	ns contributing t	o death but not resu	iting in the	underlyir	g cause given in	Part i. 24a. WAS AN PERFO	RMED?	24b, WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26. F	LACE OF DEATH (C)	eck only one)		
Sic	EXAMINER?	HOSPITAL:	☐ ER/Outpetient 3 ☐ 1		IER: Numino Ho	ne 5 Residence	5 Other (Specify)		
Y PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE C		b. TIME OF	28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OC	CURED
TED BY	2 Accident investigation 3 Suicide 5 Could not be 4 Homicide determined	25a. PLACE building	OF INJURY — At home, g, etc. (Specify)	farm, street,	factory, offi	GA .	261. LOCATION (Street City or Town, State	and Number	or Rural Route Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYINO PHYS	_							ed. e cause(s) and manner as stated.
TO BE	SIGNATURE AND TITLE OF CERTIFIE	mos	3hyb.			29c. LICENSE NU	MBER	29d, DAT	E SIGNED (Morith, Day, Year)
F	DO NALD W.	HO COMPLETED OF	USE OF DEATH (ITEM 27	TO 9	BUF	RLRE	EN ME	BA	Ad my of
	MARIT 47990° 9	With Florida	Ne's Howles						

in mained by the hospital or attending physician. ORE, MARYLAND 21203-3146 BALTIN DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 12 hours after death. FTO THE FUNEFAL OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be find within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH-15 Rev 1/89

	are a should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		be notified at once.
ID THE HUSTIAL OR ALENDING FILEDING FINE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDENCE OF THE SAW INCIDE	TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the larger of the larger of the burlai-transit permit. Pages 1, 2, 3 sh	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.

MORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

		CERTIFIC	AIE OI	F DEATH	REG. N	0.		
1. DECEDENT'S NAME (First, Middle, Last)	EMILY L.	TREUBERT			2. DATE OF DEATH MONTH	2° -	YEAR 90	7:50 p
112-18-9280	1 🗆 M 2 🔽	9 YRS. MC	UNDER 1 YEAR ONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)	99	ें + मधी	PLACE (State or Foreign New York
90. FACILITY NAME (If not institution, give stre Stella Maris Hosp		•		OR LOCATION OF DI	EATN		Balti	more
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland			timore					10d. INSIDE CITY LIMITS? 1 XYES 2 NO
6225 York Rd. Apt	. N 411			21212		10g. Cl		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 WWidowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 X NO	If yes,	ECENDENT OF NISPAI apacity Cuban, Mexica ES XX NO Specifi		Yes or No-	Biac	E — American Indian, k, White, etc. My: White
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use of Cle	k done during etired.)		16b. KIND OF S		OUSTRY	
17. FATNER'S NAME (First, Middle, Last) John Layn				18. MOTHER'S NA	ME (First, Middle, Meidle ise Mans)			
190. INFORMANT'S NAME (Type/Print) Marion Lamoreaux	ζ				Towson, Mc			
20a. METHOD OF DISPOSITION 1		other place of oisposition of the place of oisposition of the place of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition of the oisposition oisposition oisposition oisposition oisposition oisposition oisposition oisposition oisposition oisposition oisposition oisposition ois	ion (Name of	cometery, crematory or Cremat		Balti		own, State Md. 21202
21. SIGNATURE OF FUNERAL SERVICE LICE	Robert M.	Kratz			edefeld H			
23. PART I. Enter the disease, or conshock, or heart fellure. LIMMEDIATE CAUSE (Finel disease or condition resulting in death)	lat only one cause on						arroat,	Approximata interval Between Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST		A CONSEQUENCE OF):						
PART II. Other algnificant conditions	e contributing to death	but not resulting in	the underly	ring ceuse given in	PER	AN AUTOPS FORMED?	Y 24	b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	heck only one)			
1 YES 2 NO	1 Inpetient 2 ER/Os 28e. DATE OF INJURY (Month, Day, Year)	ripatient 3 DOA (OF 28c. RY 1 [iome 5 Residence INJURY AT WORK? YES 2 NO	28d. DESCRIBE NO	Y YRULNI W		
1 Natural 5 Pending 2 Accident Investigation	20. DI ACE OF HILL		wet, rectory, c	TIPUS BUILD	28f. LOCATION (Str		DUT OF PIUM	
2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJUI building, etc. (S)	pecify)		late and place, and du	City or Town, St		stated.	riode Names,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the lam be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

Carla S.

s of Person who completed cause of Death (ITEM 27) (Type, Print)

Alexander, M.D.-Stella Maris Hospice-Dulaney Valley Rd.-Towson, MD 21204

Land - 1-7-72

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within whours after death. Prove 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completery filled in by the funeral density party	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must a

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	1 - STATE REGISTRAR	STATE OF N		DEPAR ERTIF					MENIA	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					DEA	,	2. DATE	OF DEATN			3. TIME OF DEATN
	Mary	Fli	zabeth	Th	alak	or			ТИОМ	ch 11	1000	YEAR	3:45 A.M
	4. SOCIAL SECURITY NUMBER	8. SEX	6. AGE (In yrs. Is		_	R 1 YEAR	IF UNDER	24 HRS.		OF BIRTH	1990		PLACE (State or Foreign
1	214-40-4249	1 🗆 M 2 🗔 🗲	86	YRS.	MONTHS	DAYS	HOURS	MIN.		h, Day, Year) / • 3 ,	1002	Country	yland
	9e. FACILITY NAME (If not institution, give		00		9b. CIT	Y, TOWN O	OR LOCATI	ON OF DE		1. 3,		ITY OF DE	
E	100 Faract Valley	y Pond				Bela	air				Н	larfo	rd
6	109 Forest Valle	y Roau		-		Dele	311					ai io	T G
DIRECTOR	Maryland Hai	rford			elair		TION						10d. INSIDE CITY LIMITS? X 1 YES 2 NO
	10e, STREET AND NUMBER	· · · · · ·				101	. ZIP COD	E					THAT COUNTRY?
ER/	109 Forest Valle	y Road					210	14				USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Metal All Divorced		T EVER IN U.S. A YES 2 WAR OR DATES	NO NO	13.	If yes, sp	CENDENT Cooking Cubic	m, Mexica	n, Puerto I	N? (Specify Ye Ricen, etc.)	s or No	14. RACE Black Specifi	- American Indian, , white, etc. y: White
COMPLETED	15. DECEDENT'S ED (Specify only highest gra-		16e. D	ECEDENT'S	USUAL C	CCUPATIO	ON out of world	200	18b	. KIND OF BU	SINESS/IND	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Give kind of le. Do NOT u				19					
MPI		4+		choo	I Te	ache	er		I	Educat	ion -	Bal	lto. City
8	17. FATHER'S NAME (First, Middle, Last)						16. MOT			Middle, Maiden	Surname)		
BE	Thomas Shutt							_	_	lears			
TO E	19a. INFORMANT'S NAME (Type/Print) Alice Luken		1			,				e, Md		. ,	
	20a, METHOD OF DISPOSITION 1 1 Burlel 2 Cremation 3 Re	mount from State	20b. PLACE	E OF DISPO	SITION (N	ame of ce	metery, crei	natory or			CATION -		
	4 Donation 8 Other (Specify)		_ Woo	odlaw	n C	emet	ery			-	Woodl	lawn	, Md.
	21. SIGNATUJE OF FUNERAL SERVIDE	icensee tarr	pool		22	NAME A	ND ADDRE	SS OF FA	CILITY	liedefe	14		
	Pa	aul T. Lo	chstamp	ofor	-					land 2			
	23. PART I. Enter the diseases, o	r complications the	it caused the d	leath. Do	not anta							eat,	Approximata
	ahock, or heart failure	. List only one car	use on each lin	10.									interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	Alzu	E/mi-	28	DI	SI	ACI	-					
	resulting in death)	DUE TO	(OR AS A CONS	EQUENCE C	OF):	SE	BOC						
2		a. AIZH DUE TO B. CORC	NARY	A	OT	=12	4	Di	376	SE			
2	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONS	EQUENCE C	OF):				201-				
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	c											
프	that initiated events	DUE TO	(OR AS A CONSI	EQUENCE C	OF):								
CERTIFICATION	resulting in death) EAST	d											
0	PART II. Other significent condition	ons contributing to	death but not	resulting	In the u	ınderiyin	g cause	given in	Part I.	24a, WAS AI		24b.	WERE AUTOPSY FINDINGS
CAL										1 TYES	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
9													OF DEATH?
Σ									_				
A	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF I	DEATN (CA	eck only a	ne)			
Sic	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE 4 No		ne 8∏R	asidence	8 🗆 Oth	er (Specify)			
PHYSICIAN:	27. MANNER OF DEATN	28a. DATE O		28b. Til	ME OF	28c. IN.	JURY AT			SCRIBE NOW	INJURY OC	CURED	***************************************
	1 Natural 5 Pending		Day, Year)	100	JURY		YES 2	□ NO					
) BY	2 Accident Investigation 3 Suicide 8 Could not b	28e. PLACE	OF INJURY - At I	home, farm,	street, fa	ctory, offic	ca .			CATION (Street		or Rural F	Route Number,
百	4 Homicide determined	Building	, atc. (Specify)						City	or Town, State)		
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHY	/SICIAN: To the best o	f my knowledge, s	death occur	red at the	time date	and place	e and due	to the co	usede) and me	oper es stel	ad.	
M	one)) and manner as stated.
	29b. SIGNATURE MID TUCK OF CHIRTIF				11 N. T.			ENSE NU					(Month, Day, Year)
BE	del XV	Huth 1	412				73	417	L L		DAI		3)90
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAL	SE OF DEATH (IT	EM 27) (Tvp	e, Print)	-	3/0	112				211	31/
	John Milto, M.D					Rd	Т	imor	nium	, Md.	2109	3	
	31. DATE AR (4°07). 1990		AR'S SIGNATURE				,			,			
		CHARLE DELT	Mand Mand	2									

inspital or attending physician. LAND 21203-3146

	REGISTRAR	CERTIFIC	ATE OF	DEATH	REG.	NO.	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEAT	Н	3. TIME OF DEATH
	STUDET G. TUCK	50			MONTH	DOY S	120mm
				IF UNDER 24 HRS.	7 0175 05 DIRT	76	8. BIRTHPLACE (State or Foreign
	712 - 12 Ann 2 IVM 2 F		NTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yes		Country)
- 1	21203700	Massachusetts					
	9e. FACILITY NAME (If not institution, give street and number)	96	. OTY, TOWN	OR LOCATION OF DE	ATH	9c. CON	OF DEATH
5	Maryland Stoso	1/	21/1	IMKU	1	1.60	
K	RESIDENCE OF DECEDENT			-07700- 0		1	
Ä	10a. STATE COUNTY	10c. CITY, To	OWN OR LOCA	TION			IOd. INSIDE CITY
DIRECTOR	Maryland Baltimore	Es	sex				1 TES 2000
	10e. STREET AND NUMBER		10	t. ZIP CODE		10a, CITI	ZEN OF WHAT COUNTRY?
¥	1.1			21	22/		
,	Tupene Cive			0. /	ad 1		USA
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		CENDENT OF HISPAN hecity Cuben, Mexica			14. RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR DAT			2 AO Specify			Specify: // / / +
	3 Middwed 4 Divorced			/1			WIII
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	UAL OCCUPATI	ON net of working	16b. KIND O	F BUSINESS/IND	USTRY
<u>u</u>	Elementery/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work life. Do NOT use re	itired.)	out or worming			
립	12th grade	RetA	ssembl	y Worker	Glen	L.Mar	tin/Silvertop
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			<u> </u>	ME (First, Middle, M.		
	Edward Tucker				Douglas		
BE							0:40
2	19e. INFORMANT'S NAME (Type/Print)	Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Contract Con		and Number or Rural I			
-	Mary L. Tucker	l Eug	gene Av	renue Bal	timore,	Maryla	nd 21221
		PLACE OF DISPOSITION Other place)	ON (Name of ce	metery, cremetory or	20	c. LOCATION —	City or Town, State
- 1	1 Strial 2 Cremellon 3 Removal from State 4 Donation 5 Other (Specify)	Gard	lens of	Faith		Baltime	ore, Maryland
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME A	ND ADDRESS OF FA	ÇILITY		
	7 12)./		thn Funera			
	gassalw Turbert	Jome -	7401	Belair R	d. Balti	more,	Maryland 21236
	23. PART I. Enter the diseases, or complications that caused	the death. Do not	enter the m	ode of dying, suc	h as cardiac or	respiretory an	
1	shock, or heart fallure. List only one cause on ea	ch line.					Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition		1100	11 2000	207		Criser shu Death
	resulting in death) s	rulma	MAK	4 AKKE	3/		3M
1	DUE TO (OR AS A	CONSEQUENCE OF):		110.00	pier		
Z	THIRD	Delose	20	HEALES	BLOCK		
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	CONSEQUENCE OF):					
8	cause. Enter UNDERLYING	V					
Ĕ	CAUSE (Disease or Injury that Initiated events	CONSEQUENCE OF):					
E	resulting in death) LAST	_					!
8	d						
	PART II. Other significant conditions contributing to death but	it not resulting in 1	the underlyli	ng cause given in	Part I. 24s. W	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL						RFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
<u></u>					ין	ES 2 110	OF DEATH?
M					_	,	1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			PLACE OF DEATH (Ch	eck only one)		
S	EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpe		THER:	me 5 🗆 Residence	a Other (Specific	()	
₹	27. MANNER OF DEATH 28s. DATE OF INJURY	28b. TIME C	OF 28c. IN	JURY AT	28d. OESCRIBE		CURED
	1 Natural 5 Pending (Month, Day, Year)	INJUR		ORK? YES 2 NO	Self Selfer		
B	2 Accident investigation	44 6 7 7 4 7 7 7 7					0.10.11
	3 Suicide a Could not be 4 Homicide determined		et, rectory, on	Ce	City or Town,		r or Rural Route Number,
	4 Homicide determined						
ا ت	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowle	edge, death occurred	at the time, day	e and place, end due	io the cause(e) en	d menner as sta	ted.
COMPL	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th					
8			y opinoti,		acre era bie	,	
ш	29b. SIGNATURE AND TITLE OF CENTIFIER			29c. LICENSE NU	MBER	29d, DA1	TE SIGNED (Month, Day, Year)
0	(XUDGAI WAIN)					1 2	3-8-90
2	30. NAME AND AGORESS OF INTERON WHO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Pr	rint)	1			
	21 DATE EILED (Months Day Work o. a	TU					
	31. DATE FILED (MODIFY DO 1990) 32 ANGUSTIAN S SIGNA	1- Handelle					

TO BE COM	O DE COMBIETED DY DUVEICIAM: MEDICAL CEDTIFICATION	1 2
ir must be notified at once.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the menter arminer must be notitied at once.	_
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or minder.	-
frector, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled any try time at detector, page 5 should be detached.	, ,
ige 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 not the man in Fige 6 may be retained by the host	-

	TTEMS: 23pt1, part2,	Z / PCI III							0 00420
	4-6-90 cm	STATE OF MAR	YI AND /	DEPARTA	MENT OF H	EAITH AND I	MENTAL HYGIEN	E	
	1 - STATE REGISTRAR	OINIE OI IIINII	CE	RTIFIC	ATE OF	DEATH	REG. NO		
1	1. DECEDENT'S NAME (First, Middle, Lest)						2. DATE OF DEATH		3. TIME OF DEATH
1	JAMES			r	THOMPSO	JA/I	3 1	AY YE.	
- 8	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (în yrs. lest		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8, 8	SIRTHPLACE (State or Foreign
35		1 D M 2 D F	37	YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year) 3/20/52		Country) Md.
- 8	96. FACILITY NAME (If not institution, give stre	net end number)) /	91	CITY, TOWN C	OR LOCATION OF DE		9c. COUNTY	
Œ									
DIRECTOR	Maryland General	HOSPITAL			Balti	more		1	
E I	10s. STATE 10b. COUNTY				OWN OR LOCAT				10d. INSIDE CITY
ā	Md.			Baı	timor	е			XXLIMITS?
AL	10e. STREET AND NUMBER				101	. ZIP CODE	-		OF WHAT COUNTRY?
FUNERAL	23 N. Fulton Ave	enue				21217		U	.S.A.
5		12. WAS DECEDENT EV	ER IN U.S. ARI	MED			IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	or No- 14.	RACE — Americen Indien, Black, White, etc.
BY F	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 1 1	OR DATES			2 NO Specify			Specify:
									lack
핃	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	16e. DE(CEDENT'S US	UAL OCCUPATION done during monetimed.)	ON ast of working	16b. KIND OF BU	SINESS/INDUST	RY
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe.						
COMPLETED				1.5	borer			struc	tion
8	17. FATHER'S NAME (First, Middle, Lest)					The Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Co	ME (First, Middle, Meiden		
BE	Rayfield F. 190, INFÖRMANT'S NAME (Typo/Print)	aison	1			Beula	An 'I Route Number, City or Tow	homps	
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	1 KBuriel 2 Cremetion 3 Remo	val Irom State	other pla	of Dispositi	ON (Name or car	Hores	+ Ba		re, Md.
	4 Donation 5 Other (Specify)	NSFF		KJ a		ND ADDRESS OF FA			
		6. 1			Jame	s A. Mo	orton & S	Sons	
1	James a.	morios			1701	Lauren	ns St. Ba	alto.,	Md. 21217
	23/PART I. Enter the disesses, or co	inplications that car	used the de	ath. Do not					Approximata
	shock, or haert feilure. L	inplications that cal iat only one cause o	used the de on each line	ath. Do not					
	shock, or haert feilure. L IMMEDIATE CAUSE (Final disease or condition	iat only ona cause o	on each line		anter the mo	de of dying, auc			Approximata Interval Between
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BE COMPLETED BY PHYSICIAN: MEDICAL	shock, or heart feilure. L IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentieily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST PART II. Other significent conditions HIV ANTIBODY POSI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1% YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide a Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. 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TIME (INJUR And the occurred investigation,	anter the mo	CATING I	Part I. 24a. WAS AI PERFO 1 (X YES) 1 (X YES) 26d. DESCRIBE HOW 26f. LOCATION (Street City or Yown, State of the cause(e) and me it time, date and place, e	INJURY OCCURION OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF TH	Approximata Interval Between Onset and Death ABUSE 24b. 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DHMH-16 Rev 1/89

and the full the

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICAIE	T DEALL	REG. NO),				
	1. DECEDENT'S NAME (First, Middle, Last)	//: 7	C-			2. DATE OF DEATH		3. TIME OF DEATH			
- 1	4 4	lliam Tudon				03 12 90 9:00 A.					
	4, SOCIAL SECURITY NUMBER 219-12-6506	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			AR IF UNDER 24 HRS. YS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 09 06	16	BIRTHPLACE (State or Foreign Country)			
	9a. FACILITY NAME (If not institution, give str	set and number)		9b. CITY, TO	WN OR LOCATION OF DE		9c. COUNTY	OF DEATH			
2	3324 O'Donnell Sa	reet		Bal	timore		Wit	y			
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		too CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY			
DIRECTOR	MJ			altimo				LIMITS?			
4	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
UNEHAL		3324 O'Donnell Street					U.	S.A.			
2	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED 3 2 NO	13, WAS	DECENDENT OF HISPAN I, specify Cuben, Mexican	IC ORIGIN? (Specify Ye n, Puerto Rican, etc.)	s or No- 14.	RACE - American Indian, Black, White, etc.			
2	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	10	YES 2 № NO Specify	7		Specify: White			
3	15. DECEDENT'S EDUC (Specify only highest grade of	ATION	16a. DECEDENT'S	USUAL OCCU	PATION g most of working	16b. KIND OF BU	ISINESS/INDUST	TRY			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	te retired.)	y most of working	Electi	enical	Distributor			
OMP	12		(hauf	Ceur				DESTRUCTION			
_	17. FATHER'S NAME (First, Middle, Last)	Tudar			0 1	ME (First, Middle, Maider	4.4				
D L	James (arey 190. INFORMANT'S NAME (Typo/Print)	TUOLON	105 MARING	ADDRESS /SA	Sophic Seet and Number or Rural F			dal			
2	Mary A. Tudor		2224			alto. Md.	2/22/1	30)			
	20e. METHOD OF DISPOSITION	20	0b. PLACE OF DISPOS		of cemetery, crematory or		OCATION City	or Town, State			
	1 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Remo	eval from State	other place) St	Stani	slaus (em.	Bo	Ito.,C	itu. Md.			
	21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAM	E AND ADDRESS OF FA			2 100			
	- Charle	D. Zule		Che	urles S.Ze	iler & Son	Inc.	901 S. Conkling St.			
	23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	lst only one cause on	each line.	rest	mode of dying, auc	h aa cardiac or resp	biratory arrest	, Approximate Interval Between Onset and Death			
HILLAHON	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):								
	that initiated events resulting in death) LAST	high cl	elester	ol							
5	DARW II Other classificant consider	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS									
4	PART II. Other significant condition.	contributing to death	but not resulting	in the under	lying cause given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
WEDIC						1 TYES	2 1-110	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
N N	25. WAS CASE REFERRED TO MEDICAL				6. PLACE OF DEATH (Ch	eck only one)					
2	EXAMINER?	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Ou	utpatient 3 DOA	OTHER:	Home 5 Residence	6 Other (Specify)					
T PHTSICIAN:	27, MANNEB OF DEATH 1 Neturel 6 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year		JURY	WORK?	28d. DESCRIBE HOW	INJURY OCCUR	NED			
IED B	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, atc. (S)	RY — A1 home, farm, pecify)	street, factory,	office	261. LOCATION (Street City or Town, State	t and Number or i	Rural Route Number,			
COMPLE	one)	CIAN: To the best of my kno R: On the basis of examinat						ouse(e) and manner ea stated.			
H H	296. SIGNATURE AND TITLE OF CERTIFIEF	war 1	wo		29c. LICENSE NUI	3756	29d. DATE 8	IGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	a, Print)	1 10		/				
	31. MTA DET (MHOOM)	322, SE 3 MBIS S	A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR								
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ID THE MOSTING FRI SIGNAY. THE IAM INCOMES THAT HE WASHINGTON CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED TO CONTROLLED	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. S show the detached for use as the burse filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MADORTANT: If Item 28 is marked or Item 23 shows any injury, or other traumatic event. The medical examiner must be notified at once

				90	06428					
	1 - FOR STATE OF MARYLAND / DEPARTMENT CERTIFICATE		MENTAL HYGIENI REG. NO.	Ε						
	1. DECEOENT'S NAME (First, Middle, Last)	OI DEATH	2. DATE OF DEATH MONTH DA	Y JEAR	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 182 $1 - 3/2$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$ 1 $1 - 10 = 10$	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	11101	PLACE (State or Foreign					
~	703-14 3113 - 7	TOWN OR LOCATION OF D		9c. COUNTY OF DE	EATH					
Ď.	RESIDENCE OF DECEDENT	ndallstowi	7							
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN O	a Pa	1		10d. INSIDE CITY LIMITS? 1 1 YES 2 100					
FUNERAL	2916 (1). Nicholas St	101. ZIP CODE	2/	10g. CITIZEN OF W	THAT COUNTRY?					
	1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	AS DECENDENT OF HISPA yes, specify Cuban, Mexico	n, Puerto Rican, etc.)	or No- 14. RACE Black Specifi	— American Indian, , White, atc.					
ED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OC	CHRISTICAL	140 KIND OF BUILD	THE COMMISSION	131am					
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) Tea. DeCEDENT'S USUAL OF (Give kind of work done of life. Do NOT use retired.)		16b. KIND OF BUS	INESS/INDUSTRY						
COMPL	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NA	AME (First, Middle, Majden	Surname)						
BE	George Layton	Somi	e 190	Cray						
5	196. HAVE (Transformed) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Gode) Wood Stream Ct Apt 1 2117									
	20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other piece) Cac Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Contr									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22.	and address of F	H. West	nhish	Ave					
	23. PART I. Enter the diseasee, Dr complicatione that caused the death. Do not enter shock, or heart failure. Liet only one cause on each line.	the mode of dying, suc	ch ee cardiec or reepl	retory errest,	Approximata Interval Batween					
	IMMEDIATE CAUSE (Final		100	DICTAG	Onset and Death					
	disease or condition resulting in death) a. ATHEROSCLEROTIC COR	ONITICY VX	SCULAR	DISEASI	3					
RTIFICATION	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING									
TIFIC	CAUSE (Disease or Injury that Initiated events resulting in death) LAST									
CEH	d									
ICAL	PART II. Other significent conditions contributing to death but not resulting in the un	derlying cause given in	Part I. 24a. WAS AN PERFOR	RMED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE					
MEDICA					OF DEATH? 1 YES 2 NO					
SICIAN:	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF OEATH (C	heck only one)							
SIC	EXAMINER? 1 VES 2 NO HOSPITAL: 1 inputent 2 ER/Outputent 3 DOA 4 Num	t: sing Home 5 🗌 Residence	6 Other (Specify)							
Y PHY	27. MANNER OF DEATH 1 Netural 5 Pending M 28a. DATE OF INJURY (Month, Day, Year) 29b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. OEŞCRIBE HOW II	NJURY OCCUREO						
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	ory, office	28f. LOCATION (Street a City or Town, State)	and Number or Rural F	Route Number,					
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the t									
CO	SECONDAL COMMITTEE OF THE SAME OF EXAMINATION STUDOY INVESTIGATION, IN MY C				zacz. ocesującienio					
BE	296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)									

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. MAREY 47 1990

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permit. Pages 1, 2, 3 should

TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed with

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COMPLETED BY

BE

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	1 - STATE REGISTRAR	_	CERTIF	ICALE	UF	DEA	i ri	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)		1						AY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	grant y	M. UNDER						2	90	7:30A	
			AGE (In yrs. last birthday)		DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month. Day. Year)		8. BIRTHE	PLACE (State or Foreign	
	214-30-3259	1 - M 2 XX	7.6 YAS.					3-12-1913			INGION D.C	
DINECTOR	9a. FACILITY NAME (If not institution, give s FRANCIS SCOTT KEY RESIDENCE OF DECEMENT		ENTER	9b. CITY, 1			ORE C		9c. COU	NTY OF DE	ATH	
إ	10a. STATE 10b. COUNT	Υ	10c. CI	TY, TOWN OR	LOCAT	ION					10d. INSIDE CITY	
	MARYLAND B	ALTIMORE			000	DUN	DALK				1 YES 2 XX	
7	10e. STREET AND NUMBER				101.	ZIP COD	E		10g. CIT	IZEN OF WI	HAT COUNTRY?	
	8200 NORTHVIEW RO	AD R			Ĭ		2122	2		U.S	3 A	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I		111	27 30000					14. RACE Black,	RACE — American Indian, Black, White, etc. Specify: WHTTF:	
3	15, DECEDENT'S EDU (Specify only highest grade	CATION	18a, DECEDENT				na	16b. KIND OF BU	SINESS/INI	DUSTRY	110000	
COMPLETE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT									
	HOME MAKER							OWN HOME				
3	17. FATHER'S NAME (First, Middle, Lest)	W) = 10						ME (First, Middle, Maiden	Surname)			
ם ב	FREDERICK BOLENDER ANNA SHERI 199. INFORMANT'S NAME (Type/Print) 199. MAILING ADDRESS (Street and Number of Rural Route Num											
)	198. INFORMANT'S NAME (TyperPrint)											
	HENRY H. UNDERWOOD 8200 NORTHVIEW ROAD BALTIMORE, MARYLAND											
	20s. METHOD OF DISPOSITION 1 Deutlel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State									-4.586		
	21. SIGNATURE OF PURENAL SERVICE LICENSES 22. NAME AND ADDRESS C" FA DUDA—RUCK FUNI 7922 WISE AVENU					C'LITY ERAL HOME	OF DU	NDAL	^			
\neg	23. PART I. Enter the disease, or shock, pr heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	e. Critical	an each line.	Stenos	he mo	de of dy	ring, auc	h se cerdiac or resp	iratory ar	rest,	Approximate interval Between Onset and Dea	
		Sequentially list conditions, if any, teading to immediate cause. Enter UNDERLYING										
NO.	Sequentially list conditions, if any, teading to immediate cause. Enter UNDERLYING			OF):								
	Sequentially list conditions, if any, teading to immediate	DUE TO (OR										
	Sequentially list conditions, if any, teading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	cDUE TO (OR	AS A CONSEQUENCE	OF):	lerlying	cause	given in	Part I. 24a. WAS AN PERFO!	RMED?		WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
	Sequentially list conditions, if any, teading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART ti. Other significant condition The Was Jehole's	cDUE TO (OR	AS A CONSEQUENCE of the but not resulting	or): In the und	hy	bloo	given in	PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE	
TISICIAN. MEDICAE CENTIFICATION	Sequentially list conditions, if any, teading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART 11. Other significent condition The Was Jehole	DUE TO (OR d	AS A CONSEQUENCE of the but not resulting	OF):	eno:	bled	d	PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	

if any, teading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 _ YES 2 _ NO 4moss phohibing 0000 1 TES 2 NO of autic steviosis surgecool Correction TIBINGUESICA 4 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.

2 MEDICAL EXAMINER: On the basis of azamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 3/10/9

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

tarn. Ave 31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE MAR 1 4 1990

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	ERTIFICATE	OF DEAT	H		REG. NO.

FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH A		AL HYGIENE REG. NO.		
1. OECEOENT'S NAME (First, Middle, Last) LOUIS Wa.	SHINGTON			2. DAT	e of DEATH	98	ar 3. TIME OF DEATH
SOCIAL SECURITY NUMBER 215-18-4465 a. FACILITY NAME (If not institution, give s	154 M 2 🗆 F	34 YRS. MC	FUNDER 1 YEAR IF UNDER 24 ONTHS DAYS HOURS b. CITY, TOWN OR LOCATION	MIN. 12	e of BIRTH hth, (Pay, Year) 1/28/6		IRTHPLACE (State or Foreign ountry)
MERCY HOSPITAL	and married		BALTIMORE,			SC. COUNTY	OF GEATH
MD 10b. COUNT	Υ		TOWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 [X] YES 2 - NO
o. STREET AND NUMBER 712 E. PRESTON S	TREET		101. ZIP COOE 21202	>		10g. CITIZEN	OF WHAT COUNTRY?
NARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DECENDENT OF If yes, apecify Cuban, 1 YES 2 NO	Maxican, Puerto		r No 14. 1	Black, White, etc. Specify: BLACK
15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during most of working	16	b. KINO OF BUSIN	NESS/INOUSTI	
FATHER'S NAME (First, Middle, Last)					Middle, Maiden Su	rname)	
UNKNOWN a. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	DORESS (Street and Number or	NKNOWN Poure Nur		State, Zip Code	0)
ANITA PAIGE		712 E.	PRESTON STR	REET/BA	LTIMORE	. MD	21202
A METHOD OF DISPOSITION	ovel from State	other place)	AR CEMETERY			ONSVIL	LE MD
I SIGNATURE OF FUNERAL SERVICE LI	Wane	2	WM. C. MARC	H E/H			AVENUE
3. PART i. Enter the diseeses, or ahock, or heert feilure. MMEDIATE CAUSE (Final lisease or condition esuiting in death)	a. Pancreati	Cancel		g, auch as ce	rolac or respire	Rory arrest,	Approximate interval Betwee Onset and Dear
equentielly list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury net initiated events esuiting in death) LAST	c	CONSEQUENCE OF):					
PART II. Other significent condition	na contributing to death bu	t not reaulting in	the underlying ceuse giv	ren in Part I.	24a. WAS AN AI PERFORM 1 YES 2	ED?	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF OEA	TH (Check only	one)		
1 YES 2 NO	HOSPITAL:	tient 3 DOA 4	OTHER: Nursing Home 6 Resident				
MANNER OF DEATH 1 Netural 5 Pending Accident Investigation	(Month, Day, Year)	26b. TIME (WORK? M 1 TYES 2 THE		EŞCRIBE HOW IN.	JURY OCCURE	:0
3 Suicide 6 Could not be 4 Homicide 6 determined	28e. PLACE OF INJURY - building, etc. (Specif	— At home, ferm, etre y)	et, factory, office	261. LC	OCATION (Street an by or Town, State)	d Number or R	ural Route Number,
cont only	ICIAN: To the best of my knowle ER: On the basis of examination						use(a) and manner as stated.
9b. SIGNATURE AND TITLE OF CERTIFIE		E-		SE NUMBER			GNEO (Month, Day, Year)
O. NAME AND ADDRESS OF PERSON WI Teresa Hoffman				i			
I. DATE FIVE VALUE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY	Se Person Services	Brokell	4 WD 21202/				-

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RECIOR: After this certificate has been signed by the attending physician and completely miled in by the funeral director, page 5 should be detached		sm 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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After	rurs after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or remov	s ma
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1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI		EALTH AND I	MENTA	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Lest)	Weiner				2. DATE MONT	OF DEATH DAY	- 9 YE	3. 1	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 1.85 - 38 - 4325		in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Monti	OF BIRTH 1, Day, Year) - 6 - 190		BIRTHPLAN Country)	CE (State or Foreign
9a. FACILITY NAME (If not institution, give	street and number) i'cutro''s Center 4		2 11	R LOCATION OF DE		0 - 140	9c. COUNTY	OF DEATH	<u> </u>
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			TOWN OR LOCAT					10d	I. INSIDE CITY LIMITS?
10e, STREET AND NUMBER		B	altimor 100	ZIP CODE			10g. CITIZEN		YES 2 NO
2434 W. Belvede	12. WAS DECEDENT EVER IN			21215 ENDENT OF HISPAN	VIC ORIGIN		US or No. 14.		American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		1 TYES	2 NO Specifi		Rican, etc.)		Specify:	NHITE
15. DECEDENT'S EDI (Specify only highest grad Elamentary/Secondary (0-12)			SUAL OCCUPATION And done during more retired.)	et of working	16b	NIND OF BUSI	EST/		
17. FATHER'S NAME (First, Middle, Last) NATHAN WE	INSTOCK	1100	52.411	18. MOTHER'S NA	-	Middle, Maiden S			
194. INFORMANT'S NAME (Type/Print) CLAIRE J. M.	ATHASON	196. MAILING A	SAN	nd Number or Rural				2120	9 Ast
20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rei 4 Donetion 5 Other (Specify)	novel from State	DE PLACE OF DISPOSITE OTHER PIRCE OF DISPOSITE OTHER PIRCE OF DISPOSITE OTHER PIRCE OF DISPOSITE OTHER PIRCE OF DISPOSITE OTHER PIRCE OF DISPOSITE OTHER PIRCE OF DISPOSITE OTHER PIRCE OF DISPOSITE OTHER PIRCE OF DISPOSITE OTHER PIRCE OF DISPOSITE OTHER PIRCE OF DISPOSITE OTHER PIRCE OTHER PIRCE OF DISPOSITE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIRCE OTHER PIR	NUSAC	H ARICNE	R TAM	in Ras	ATION — City EDALL	E. M	D
21. SIGNATURE OF FUNERAL SERVICE L	marine Mi-		122. NAME AN	ID ADDRESS OF FA W MEMOR EISTERS TO	CILITY PIAL H	FUNER. D-BAL	AL HOL	ME, 11	NC
23. PART I. Enter the disesses, or shock, or heert fellure IMMEDIATE CAUSE (Final disesse or condition resulting in death)	. List pnly one cause on s	sch line.)	/ Approximats interval Between Onset and Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	c	A CONSEQUENCE OF):							
PART II. Other significant condition	ons contributing to death b	out not resulting in	the underlyin	g cause given in	Part I.	24a. WAS AN / PERFORI 1 YES 2	MED?	CO OF	RE AUTOPSY FINDING MLABLE PRIOR TO MPLETION OF CAUSE DEATH?
25. WAS CASE REFERRED TO MEDICAL			28 9	ACE OF DEATH (C)	ack only o	ne)		1	YES 2 NO
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Impetient 2 ER/Outp		OTHER: United Horse	e 5 🗆 Residence	6 🗆 Othe		HIEV OCCUE	SD	
1 Natural 5 Pending Investigation	(Month, Day, Year)	INJU	M 1 🗆	PRK? YES 2 NO					
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	cify)	weet, sactory, offic			CATION (Street as or Town, State)	nu number or	nurai Houte	e number,
and only	SICIAN: To the best of my know VER: On the basis of examination							ause(a) an	d manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIC	20 / O. 1	Yn 1	2	29c. LICENSE NU	70	37	Pad. DATE 8	TIONED (M)	190
30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF DE			JEGRA.	The	Comit?	-13	the	Ton 21
31, DATE FILED (Month, Day, Year) MAR 1 4 1990	32. AEGISTRAR'S SIGN		130101000	40/011	,,,,,,,	/	7	3.17	

BALTIMORE, MARYLAND 21203-3146	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 hours after death. Page is may be many figure to the house at all ending physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physica	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 and of completely filled in by the funeral director, page 5 and of completely filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
146,	ted within 27 hours a	completely filled in by ial, cremation, or rem
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ICIAN: The law requires that the death certificate be executi	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF	THE HOSPITAL OR ATTENDING PHYSI	THE FUNERAL DIRECTOR: After this collised within 72 hours after death with 1

		FOR STATE REGISTRAR	STATE OF MARYLAND /			F HEALTH AND I	MENTAL HYGIEN REG. NO.	E	
		1. DECEDENT'S NAME (First, Middle, Last) C		Well	ler - ller		2. DATE OF DEATH MONTH D	8 9C	3. TIME OF DEATH
			SEX 6. AGE (In yrs. le	of birthday) 7 YRS.	MONTHS DAY	7	7. DATE OF BIRTH (Month, Day, Year) 08/02/192	2 Ma	BIRTHPLACE (State or Foreign Country) 1 Tyland
3 should	TO BE COMPLETED BY FUNERAL DIRECTOR	9a. FACILITY NAME (If not Institution, give street			_ ′	WN OR LOCATION OF DE	ATH	9c. COUNTY	
		Washington County H	ospital			erstown		Washi	ngton
Pages		Maryland Washin	oton		y, town or lo acock	OCATION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
permit.		10e. STREET AND NUMBER	60011	1101	10001	101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
dan. transit		14008 Orchard Road	. WAS DECEDENT EVER IN U.S. AI	BMED	13 WAS	21750	NC ORIGIN? (Specify Yes	USA W No - 1 14	RACE — American Indian,
Intending physician.		1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES		If yes	yes 2000 Specific	n, Puerto Rican, etc.)		Black, White, etc. Specify: White
or attended for use as			(College (1-4 or 5 +)	Sive kind of to to NOT us	se retired.)	g most of working	18b. KIND OF BU		RY
and and		17. FATHER'S NAME (First, Middle, Last)	<u>Eq</u> t	11pme	nt Ope:		Constr		
		Issac Weller				Ellen R			
5 sh notific		190. INFORMANT'S NAME (Type/Print) Virginia M. Weller	1				ncock, Mar		
e 6 may be actor, page must be		20a. METHOD OF DISPOSITION 1	from State 20b. PLACE	OF DISPO	SITION (Name o	of cemetery, crematory or	20c. LO	CATION - City	or Town, State
Page 6 m il director, wer must		4 Donation 5 Other (Specky)		rd R	ldge Ce	emetery E AND ADDRESS OF FA	Hand Grove	cock, N Funeral	4d. 21750 Home
s after death. Pro by the funeral di emoval.		Kichall	Chon				. Hancock,		
within 27 hours optetely filled in cremation, or n		IMMEDIATE CALICE (Final	plicetions thet caused the d t only one ceuse on each lin OUE TO (OR AS A CONSE	e.				Iratory srrest	Approximate interval Between Oneet and Death
th certificate be execu- ending physician and I Hygiene prior to bur or other traumath	CERTIFICATION	Sequentielly liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	DUE TO (OR AS A CONSE						
requires that the signed by of Health and thows any is	shows any inju	PART II. Other algorificant conditions of	ontributing to death but not	resulting	In the under	iying cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
N: The law ficate has be State Dept.	CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	·	OTHER:	6. PLACE OF DEATH (C)			
ing PHYSICIAN fler this certific eath with the S marked, or	PHYSICIAN	27. MANNER OF DEATH	Inpatient 2 ER/Outpatient 28a. DATE OF INJURY (Month, Day, Year)	28b. TIR	ME OF 280 JURY	Home 5 Residence : INJURY AT WORK? YES 2 NO	8 U Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED
OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate his ours after death with the State C tem 28 is marked, or item	TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At h building, etc. (Specify)	ome, ferm,	street, factory,	offica	281. LOCATION (Street City or Town, State		Rural Route Number,
	COMPLET	one) and	N: To the best of my knowledge, d On the bests of examination and/or						suse(s) and manner as stated,
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 IMPORTANT: IT	TO BE C	296. SIGNATURE AND THILE OF CERTIFIER	Jeels had			29c, LICENSE NU D 1/2	MBER 66		GNED (Month, Day, Year)
6	F	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH (IT	EM 27) (7/p)	s, Print)				
		MAR 1 4 1990 Silva	32 REGISTRAR'S SIGNATURE						

For Brandway B. C.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL

	1 - STATE REGISTRAR	SIAIE OF MAN			F DEATH	REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)		J			2. DATE OF OEATH		3. TIME OF OEATH						
	LINDA	W	CHE			MARCH 10		1:36a M						
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH	6. Bil	RTHPLACE (State or Foreign						
	218-42-6596	1 🗆 M 2 🕢 F	45 YRS.	MONTHS DAY	HOURS MIN.	8-3-4		Country) My D						
	9e. FACILITY NAME (If not institution, give		,	9b. CITY, TOW	N OR LOCATION OF OR	-	9c. COUNTY O	F OEATH						
E E	THE JOHNS HOPKI	NS HOSPITA	r.	BAI	TIMORE		BALTIM	ORE CITY						
DIRECTOR	RESIDENCE OF DECEDENT													
H	10e. STATE 10b. COUNT	10c. CI	TY, TOWN OR LO	4			10d. INSIDE CITY LIMITS?							
	mp.			BA G				1 TES 2 NO						
₹ AL	10e. STREET AND NUMBER	1 1 -			10f, ZIP CODE			F WHAT COUNTRY?						
FUNERAL		L AVE			21205		U.S.							
ᆵ	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEOENT EV FORCES? 1		13. WAS I	ECENDENT OF HISPAN specify Cuban, Maxica	HC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	В	ACE — American Indian, lack, White, atc.						
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 🗆 '	ES 2 -NO Specify	<i>r:</i>	Sį	BLACK						
	15. DECEDENT'S EDI	JCATION	16a. DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BUS	UNESS/INDUSTR	DEACK						
	(Specify only highest grad Elementary/Segondary (0-12)	e completed)	(Give kind of life. Do NOT u	work done during	most of working	TOOL TANKS OF BOT	1							
PL	Elementary/Secondary (0-12)	College (1-4 or 5+)	TNSK	ECTO	R	A	A	1+1						
COMPLETED	17, FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Meiden	Surname)							
Ö	JOHN E. SC.	0 TT			RETH			N Scott						
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADORESS (Stre	et and Number or Rural I	Route Number, City or Tow								
5	MOTHER		2703	BEL	24 LAVE	- BALT.	mo	212-05						
	20a. METHOD OF DISPOSITION		20b. PLACE OF DISPO	SITION (Name of	cemetery, crematory or	20c. LO	CATION — City of	Town, State						
	1 Donation 5 Other (Specify)	noval from Stata	BACTIM	CDE	CEMET	ERY BA	29 BAH. MD.							
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE		22. NAM	AND ADDRESS OF FA	CILITY		2.12-13						
	Bette For	2000 1/2				CAROLIN								
	23. PART I. Enter the diseases, or							Approximate						
	shock, or heert failure			not enter the	mode of dying, edc	ii as cerulec or reep	iatory erreat,	Interval Between Onset and Death						
	II immediate Gaose (Filia)													
	e. My cobsecterium Avix-intracellulure intection DUE TO COR AS A CONSEQUENCE OF:													
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ō	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Sychland Instruction to Immediate Sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Consequence of the sychland Conse													
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IFI(CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	resulting in death) LAST													
	PART II. Other significant condition	ne contributing to dea	th but not regultion	In the under	ulan cause alvan la	Part I. 24s. WAS AN	AUTODOV	24b. WERE AUTOPSY FINDINGS						
DICAL	Immunosuppres			m the diddi	ring couse given in	PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE						
ă	TIM WOULD J Shipses	inc merali	3			1 _ YES 2	. □ NO	OF DEATH?						
ME								1 TYES 2 NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	1			DI 405 OF 051711									
IC.	EXAMINER?	HOSPITAL:		OTHER:	L PLACE OF DEATH (Ch									
ΙΥS	1 VES 2 NO	1 inpatient 2 ER			INJURY AT	8 Other (Specify) 28d, OESCRIBE HOW	M #10V OCCUPE							
4	1 Natural 5 Pending	(Month, Day, Y		JURY	WORK?	Zau, OESCRIBE NOW	MOONT OCCOME	ĺ						
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF IN	JURY — At home, farm,			28f. LOCATION (Street	and Number or Ru	ral Route Number						
9	4 Homicide 6 Could not be	building, etc.	(Specify)			City or Town, State								
Щ	29a, CERTIFIER													
_	(Check only 1 A CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as atated,													
MPL	(Check only one) 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.													
COMPL	Orie) 2 MEDICAL EXAMIN		nation allow investigat	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month, Day, Year)										
BE COMPLETED	Orie) 2 MEDICAL EXAMIN	ER O	-17.		29c. LICENSE NU	MBER		NEO (Month, Day, Year)						
BE	2000 2 MEDICAL EXAMIN	THAT H	use Shatt Phy		29c. LICENSE NU	MBER	29d. DATE SIGN	NEO (Month, Day, Year)						
	2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFI 30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	ose Shatt Phy	e. Print)			▶ 3/1	NEO (Month, Day, Year)						
BE	2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFI 30. NAME AND ADDRESS OF PERSON W	THAT H	rose Shift Phy F DEATH (ITEM 27) (766 D. Joh	e. Print)		thi, Bal	▶ 3/1	NEO (Month, Day, Year)						

as the burial-transit permit. Pages 1, 2, 3 should lending physician. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be intained by TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 abound be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

1203-3146

BALTIMORE, MARYLA

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 m	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mus	1
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10	10	P 90	IMP	
				ı

Adriana Maldonado - BREM
31. DATE FILED (MORITH, DB), 19687)
32. REGISTRAR'S SIGNATURE

MAR1 4 1990

Subia Tavidson Randelle

-		FOR STATE REGISTRAR	STATE OF	MARYLAND C	DEPAR					REC	6. NO.		
	į,	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF OE	DAY	PASY	TIME OF OEATN
	.1	Irving Watson	Langu			I				MARCI		1990	2.00 p M
Т			5. SEX	6. AGE (In yrs. Is	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRT (Month, Day,)	bar)	Country	ACE (State or Foreign
		212-12-4431 98. FACILITY NAME (If not institution, give s		16	ino.	Dh CIT	Y, TOWN C	D LOCATI	ON OF OR	7-20		NTY OF DEAT	<u>C 1</u>
	DIRECTOR	Union Memorial H					ltim				90.000	NIT OF DEA	n .
1	REC	100. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	ION				10	d. INSIDE CITY
		17/13 13 74 170 - 12 YES 2 N											
1	FUNERAL	100. STREET AND NUMBER 106. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?											
J	N	11. MARITAL STATUS 12. WAS DECEDENT EVER IN HE ADMED 12 WAS DECEMBENT OF HERDAND ORIGINAL OF THE PROPERTY OF HERDAND ORIGINAL OF THE PROPERTY OF HERDAND ORIGINAL OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPE											•
1	B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.B. ARMED FORCES? YES 2 NO IF YES, GIVE WAR OR DATES 13. Widowed 4 Divorced 14. RACE — American Indian, Black, White, etc. 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, apacify Cuban, Maxican, Puarto Rican, etc.) 16. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, apacify Cuban, Maxican, Puarto Rican, etc.) 16. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, apacify Cuban, Maxican, Puarto Rican, etc.)											
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	COMPLET												
di Circa		REATHER'S NAME (First, Middle, Lost) 18. MOTHER'S NAME (First, Middle, Meiden Surname) 19. MOTHER'S NAME (First, Middle, Meiden Surname) 19. MOTHER'S NAME (First, Middle, Meiden Surname)											
20	D BE	19a. NFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Poute Number, City or Town, State, Zip Code)											
	2	1+1113 C. WATSD N 903 BDNAgante Ave BAM. md 2/2D 200. METHOD OF DISPOSITION 200. PLACE OF DISPOSITION (Name of cometary, Grenatory or 20c, LOCATION — City or Town, State											
2		1 Suriel 2 Cremetion 3 Rem	noval from State	20b. PLACI		SITION (N	lame of cen	netery, Crer	metory or	2	OC LOCATION -	City or Town	, State
		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		NA	1 22	. NAME AR	m . /	OC OF EA	OHITTY	HAUR	4 1	ma
		4		11.			. NAME AT	TO ADDRE	.55 OF FA	7	1		
40		23. PART 1. Enter the diseases, Dr complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, Approximate											
וי ווגם יווסתוי		Approximate shock, or heart failure. List only one cause on sech line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) - Preumonia With ARDS											
2		DUE TO (OR AS A CONSEQUENCE OF):											
ALIGNA	CERTIFICATION	Sequentially list conditions, Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF):											
200	CAT	If any, leading to immediate cause. Enter UNDERLYING											
200	E	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
5	HH	resulting in desth) LAST											
51	- 11	PART II. Other significant condition	na contributing to	o death but not	resulting	in the u	nderlyin	g cause	given in		WAS AN AUTOPSY		ERE AUTOPSY FINDINGS
duà	5	History of Cerek	rol Uco	war A	rous	June					YES 2 NO	0	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
249	MEDICAL	Blindness de	e to 6	lanco	mp-					_		1	YES 2 NO
	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF E	DEATH (Ch	eck only one)			
101	YS	1 YES 2 NO	1 Inpatient 2	☐ ER/Outpatient	· ·	4 🗆 Nu	ursing Hom		esidence	6 Other (Speci			
11011110		1 Natural 5 Pending			26b, TIN	JURY		PRK?	¬ NO	28d. OESCRIBE	HOW INJURY OC	CURED	
IAGU, Of HGHI		M 1 YES 2 NO Investigation										2	
a markey, of Item	BY	2 Caledda	28e. PLACE	4 Nomicide determined determined									
LO IS MOTACU, OF HOM	ED BY	3 Suicide 6 Could not be	28e. PLACE building	of injury — At i	iome, tarm,	street, te	ctory, ome	•		City or Town	, State)	r or munar mou	te Number,
וופווו לס וא וווקנאבתי מו וופווו	ED BY	3 Suicide 6 Could not be 4 Nomicide determined	building	, etc. (Specify)					e, end due	City or Town	, State)		te Number,
TI. II HOW TO IS MAINEY, OF HOM	D BY	3 Suicide 6 Could not be determined	building	n, etc. (Specify)	death occur	red at the	time, date	end place		City or Town	nd menner as sta	ted.	

OHMH-16 Rev 1/89

Union Memorial hospital Bultimore MD 21218

	ı.	8 5	d
X 13146	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comment of within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, certified	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
P.O. BO	death certificate	attending physic antal Hygiene prin	on adher to
RECORDS,	requires that the	been signed by the of Health and Me	ohouse near later
DIVISION OF VITAL RECORDS, P.O. BOX 13146	PHYSICIAN: The law	this certificate has with the State Depr	dead on them 99
DIVISION	L OR ATTENDING I	DIRECTOR: After hours after death	
	HOSPITA	FUNERAL Within 72	

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
f maminer must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, in another maniner must be notified at once.
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, commended in the state Dept.
The sineral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and commended in the uneral director, page 5 should be detached
results. Page 6 may be retained by the hospi	TO THE MOSPITAL OR ATTENDING PHYSICIAN! The law requires that the death certificate be executed ************************************

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	IENE
		CE	RTIFICATE	0	F DEAT	H		DEC	NO

	FOR STATE REGISTRAR	STATE OF MARY				EALTH AND	MENTA	AL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	JAMES ANDE	RSON WAT	SON			MON	E OF DEATH DA	, 1990	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 219-28-6624	5. SEX 6. AG	E (In yrs. lest birthday 57 YRS.	MONTHS	DAYS	IF UNDER 24 HRS.	7. DATI (Mor 2-1	E OF BIRTH oth, Day, Year) 8-1933	ı	/ARS	LAND	
DIRECTOR	FRANCIS SCOTT KEY RESIDENCE OF DECEDENT		NTER	9b. CITY		LTIMORE			Bc. COUN	TY OF D	EATH	
	MARYLAND B. 10e. STREET AND NUMBER	ALTIMORE	10c. C	ITY, TOWN (DUNDAI	K				10d. INSIDE CITY LIMITS? 1 YES: XX NO	
COMPLETED BY FUNERAL	3221 VUI CAN ROAD	12. WAS DECEDENT EVER	R IN U.S. ARMED	101. ZIP CODE 212				222			U.S.A. RACE — American Indian,	
	1 Never Merried 2 Merried 3 Nidowed 4 Divorced	IF YES, GIVE WAR OR	REA		if yes, sp	ecify Cuben, Maxi	can, Puarto	Rican, etc.)		Spec	c, White, atc.	
	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		Ille. Do NOT	'S USUAL Of work done use retired.)	CCUPATI during mo	ON ast of working		ACC TO			TINISTRATIO	
E COM	17. FATHER'S NAME (First, Middle, Last) JOHN C. WATSON	N/A	Dr	CLVER		18. MOTHER'S I	NAME (First	, Middle, Maiden		ALA	INISINATIO	
TO B	19e. INFORMANT'S NAME (Type/Print) RERTHA M WATSON		19b. MAILII 3221			and Number or Run	al Route Nur	mber, City or Town			21222	
	20s. METHOO OF DISPOSITION 1XX Qurisi 2 Cremetion 3 Removal from State 4 Donation 8 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometory, cremetory or other piece) 20c. LOCATION — City or Town, State OAK LAWN CFMETERY MARCH 15, 1990 BALTIMORE, MARCH											
	21. SIGNATURE OF PUMERAL SERVICE US	Fish	//	DU	DA-	ND ADDRESS OF RUCK FUL WISE AVI	VERAL				K, INC. 21222	
	23. PART I. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition											
	nesulting in death) a										5 DAYS	
CERTIFICATION	Sequentially list conditions, If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST LAENWECA DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
4	PART II. Other eignificant conditions POLYCYTHEMIN	4 VERA			nderlyin	g cause given	In Part I.	24a. WAS AN PERFOR	MED?	241	. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
N. MEDIC	COPD BUT	mel OB	STRUCT	182			_		,		1 - YES 2 NO	
PH TSICIAN.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	rutpatient 3 🗆 DOA	OTHE	R:	LACE OF DEATH (
BY 70	27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Yea.		IME OF NJURY M	W	JURY AT ORK? YES 2 NO	28d, D	EŞCRIBE HOW I	NJURY OCC	URED		
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJU building, etc. (S	IRY — At home, fam ipecify)	n, street, fac	tory, offic	ca .	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLEIED	enel -	CIAN: To the best of my kn									a) and menner as stated.	
IO BE	29b. SIGNATURE AND TITLE OF CERTIFIER LEMBER OF BEDSON WAR	hear	DEATH APPROXICE			29c. LICENSE N	UMBER		29d. DATE	SIGNET	(Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO	MOREOM	FRA	rcul J	ot	- Koy!	MED	. CTR			(
	MARIL 4 1990	Sina Davidson	- fandese	**								

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Plan 6 my	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral greatest	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examinar mush
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	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			IENTAL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Last) ELIZabeth	Yelen				2. DATE OF DEATH	Y GYEAR	3. TIME OF DEATH	
		6. AGE (In		Adouth			F BIRTH Day, Year) 3. BIRTHPLACE (State or Foreign Country) 4. State of Foreign Country) 4. Hungary		
<u>"</u>	9a. FACILITY NAME (If not institution, give stree		9		R LOCATION OF DEA	ATH	9c. COUNTY OF DEATH		
DIRECTOR	Suburban Hospital			Bethe			Montgomery		
JIRE	Maryland Maryland	10c. CITY,	rown or locati Rockv			10d. INSIDE CITY LIMITS? 1 17 YES 2 NO			
	10e. STREET AND NUMBER				ZIP COOE		1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	263 Congressional	Lane 2. WAS DECEDENT EVER IN	II C ADMED	12 300 050	20852	C DRIGIN? (Specify Yes		d States CE - American Indian,	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 ND	If yes, spe		, Puerto Rican, etc.)	Bla	ek, While, etc.	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12) 12 years	FION mpleted) College (1-4 or 5+)	(Give kind of wor ille. Do NOT use Hat Des	rk done during mos retired.)		16b. KINO OF BUS	SINESS/INOUSTRY		
E CON	Jacob Furedy	•			18. MOTHER'S NAME Helen	NE (First, Middle, Meiden Klein	Surname)		
10 BE	19a. INFORMANT'S NAME (Type/Print) Louis H. Yelenik		120			oute Number, City or Tow		1 00050	
100	20a METHOD OF DISPOSITION VXBurial 2 Cremation 3 Remove	20b.	PLACE OF DISPOSIT				LLE Mar	vland 20852 Town, Stata	
A 100	4 Donation 5 Other (Specify)] Jl	JDEAN MEM				NEY, MAR	YLAND	
	21. SIGNATURE OF FUNERAL SERVICE LICEN Somald 4	m. Da	tien	DONAL		N HEBREW M		FUNERAL HOME	
	23. PART I. Enter the diseases, or cor shock, or heart failure. Lis							Approximata Interval Batween	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)			Onset and Dasth					
z		HOSLIS	CONSEQUENCE DOF):	100 /2	SUMERUI		241/23		
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEDUENCE OF):						
AL CE	PART II. Other significant conditions			the underlying	cause given in			4b. WERE AUTOPSY FINDINGS	
	- Coug. 1/2Ax	ct Mu	et-			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDIC			_			-		1 TES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF OEATH (Che	ick only one)			
HYSI		26a. DATE OF INJURY	tiont 3 DOA 4	OF 28c, INJ	e 5 ☐ Residence	6 Other (Specify) 28d. DESCRIBE HOW I	INJURY OCCUREO		
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUI	RY WO	RK? 'ES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	Al home, farm, str	reet, factory, office		261. LOCATION (Street City or Town, State)	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETED	toribon oray	AN: To the best of my knowledge the basis of examination						e(s) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CORPURER	edus	w)	29c LICENSE NUM	BER 229	29d. DATE SIGN	ED (Month, Day, Year)	
TO	30. NAME AND ADDRESS OF PERSON WHO	No les	12012	Uting,	Mu R	alterno	MINIS	20906	
	31. DATE FILED (Morith, Day, Year) MAR 1 4 1990	32. REGISTRAR'S SIGN	fande 12						

TO OFFICE

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BALTIMORE, MARYDAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	712414111111											TEG. NO			
	1. DECEDENT'S NAME (First										2. DATE OF MONTH M	DEATH ARCTA	w 2 10	OGR	3. TIME OF DEATH
	JOSEPH SALV	ATORE	ZANGARA								03/0	8/90	0,1	770	9:20 Р. м
	4. SCHAL SECUL HUME	BER	5. SEX	6. AGE (In	yrs. last bir		UNDER 1 Y	EAR AYS	HOURS	24 HRS.	7. DATE OF (Month, D	BIRTH by, Year)		8. BIRTI Count	HPLACE (State or Foreign
	218 18 5290		135 M 2 🗆 F	63		YRS.		MITO	Houns	mere,	JUNE	16,	1926	MAI	RYLAND
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			96	CITY, TO	OWN C	OR LOCATION	ON OF DE	ATH		9c. COU	NTY OF E	DEATH
DINECTOR	Loch Raven	VA Me	dical Ce	nter			BALTIMORE CITY								
	10e. STATE	10b. COUNT			1	Oc. CITY, TO	CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?
5	MD	BALTI	MORE			BALD	WIN								1 YES 2 X NO
1	10e. STREET AND NUMBER						-	101	. ZIP COD	E			10g. CIT	ZEN OF	WHAT COUNTRY?
5	13726 BALDW	IIN MII	LL ROAD					1	21013	3			U.S	5.A.	
DI LONEUAL	11. MARITAL STATUS 1 Never Merried 2003 3 Widowed 4 Divo		12. WAS DECEDED FORCES? IF YES, GIVE V WWII	YES YES	2 NO	D	If y	es, sp		n, Mexica	NIC ORIGIN? (5 in, Puerto Rice y:		s or No — 14. RACE — American Indian, Black, White, etc.		
3		EDENT'S EDU			16a. DECEL	DENT'S USI	JAL OCCI	UPATIO	ON		16b. KJ	ND OF BU	SINESS/IN	DUSTRY	
:	(Specify on Elementary/Secondary (I	ly highest grade	College (1-4 or 5	+)	(Give i	kind of work NOT use re	done duri tired.)	ing mo	ost of working	ng					
	N/A	N/		"	SALE	SMAN					AU	TOMO	BILE		
COMPLE	17. FATHER'S NAME (First, A	fiddle, Last)							18. MOT	HER'S NA	ME (First, Mide	lle, Maiden	Sumame)		
	SALVATORE Z	ANGARA	A						AN	NA P	ATTI				
0 0	19a. INFORMANT'S NAME (Type/Print)	**		19b. N	IAILING AD	DRESS (S	Street a	nd Number	r or Rural	Route Number,	City or Tow	n, State, Zi	p Code)	
-	ROSE ZANGAR	IIW) AS	FE)		P.C	. BO	X 97	72,	BAL	DWIN	, MAR	YLANI	210	13	
	20a. METHOD OF DISPOSIT 1A Buriel 2 Cremetic 4 Donation 5 Other	ION on 3 Rem	oval from State	20b.	PLACE OF other place ULANE	DISPOSITION VA	BOX 9772, BALDWIN, MARYLAND 21013 OSITION (Name of cometer), cremetory or VALLEY TIMONIUM, MARYLAND 21013								
	21. SIGNATURE OF FUNEFO		CENSEE /	1	1		VALLEY TIMONIUM, MARYLAN 22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOME, INC.								
	SCHIMUNEK FUNERAL HO 9705 BELAIR ROAD, BA								OME,	INC	, MAI	RYLAND 21236			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									Approximate interval Batween Onset and Death					
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events b. DUE TO (OR AS A CONSEQUENCE OF): c. oue TO (OR AS A CONSEQUENCE OF):														
	resulting in death) LAS	31 L	d												
	PART II, Other signific	ant condition	ns contributing to	o death bu	at not rea	ulting in	the unde	ertyln	ng cause	given in	Part I. 2		AUTOPSY	24	b. WERE AUTOPSY FINDINGS
MEDICAL	Post of	struc	hon	pne	Lun	LON	a	17			_ 1	PERFO			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 100
SICIAIN	25. WAS CASE REFERRID	TO MEDICAL						26. P	LACE OF	DEATH (C)	neck only one)				
2	EXAMINER?		HOSPITAL:	T 60/0-4-	etlant 2 🗆		THER:		_00			Danalf :			
2	27, MANNER OF DEATH	D 41	28a. DATE O			28b. TIME C	F 2	Sc. IN.	JURY AT ORK?	esidenca	8 Other (S		INJURY O	CCURED	
2	2 Accident	Pending Investigation	28e. PLACE	OF INJURY	— At home	, farm, stre			YES 2 [_ NO				er or Aural	Route Number,
בו בר	4 Homicide	Could not be determined	bullding	, etc. (Speci	ify)						City or	Town, State)		
COMPLETED	one) 2 MEG	DICAL EXAMIN											nd due to	the cause	(a) and menner as stated.
O BE	296. SIGNATURE AND TITE	0/8	runt	-MO	M	edici	d Re	250	29c. LIC	ENSE NU	NOV		29d. DA	3/8	190 920pm
	22 S	GY	COMPLETED CA	USE OF DEA	VRL	Type, Pr	Dep	a	Am	en	+ 07	n	red,	Sul	e-2/20)
	MAR 1/4719		Side David		ATURE MA	-					1				

unt be notified at once.

BALLMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL DR ALLENDING PHYSICIAN: The law requires that the beatiful continued to execute when the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the prope	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the immer after	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner in
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		CENTIFIC	ALE OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) BECTA		ZILBZ	ERMAN	2. DATE OF DEATH DA	1990	3. TIME OF DEATH
social security number 220-92-3903	5. SEX 6. AGE		F UNDER 1 YEAR F UNDER 24 HRS ONTHS DAYS HOURS MIN	14 Annah Chan Manah		RTHPLACE (State or Poreign untry) RUSSIA
a. FACILITY NAME (If not institution, give str			b. CITY, TOWN OR LOCATION OF		9c. MOUNTY OF	
BALTIMORE COUNTY	AND THE STREET		RANDALLST	A-0.00	6017	mark
RESIDENCE OF DECEDENT 100, STATE 100, COUNTY		10c CITY 1	TOWN OR LOCATION			10d. INSIDE CITY
MARYLAND		100.0111,	BALTIMORE			LIMITS?
De. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
5715 PARK HTS. AV	/E., APT. 31	0	21	215	i	USA
. MARITAL STATUS Never Married 2 Married W Widowed 4 Divorced	12. WAS DECEDENT EVER IF YES, GIVE WAR OR C	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Mer 1 TES 2 NO Sp	rican, Puerto Rican, etc.)		ACE — American Indian, lack, White, etc. pecify: WHITE
- Coulin - Me			1			
15. DECEDENT'S EDUC (Specify only highest grade		(Give kind of wor life. Do NOT use if	k done during most of working	16b. KIND OF BUS	SINESS/INDUSTRY	/
Elementary/Secondary (0-12)	College (1-4 or 6+)		-211-			
	5+	CHEM.	ICAL ENGINEER		HEMISTR:	<u>Y</u>
FATHER'S NAME (First, Middle, Last)				NAME (First, Middle, Meiden		
LEV BORISOVSKY				IANA UNKNOW		
e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and Number or Ru	ral Route Number, City or Tow	n, State, Zip Code)	
MRS. ALLA KARMINS	SKY	8337	MERRYVIEW RD	. BALTIMOR	E, MD	21207
De. METHOD OF DISPOSITION METHOD OF DISPOSITION Remo	ovel from State	b. PLACE OF DISPOSIT other place)	ION (Name of cemetery, crematory	or 20c. LO	CATION — City or	Town, State
Donation 5 Other (Specify)			ON (CHIZUK AMU	NO)	BALTIMO	RE, MD
. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND ADDRESS OF		-	
0,0	7.		6010 REISTER	ON & BROS.,		MD 21215
Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	g	A CONSEQUENCE OF):				
obstanty in document of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	d					
PART II. Other algorificant condition	a contributing to death	but not reaulting in	the underlying cause given	o In Part i. 24s. WAS AN PERFO!	PMED?	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH	(Check only one)		
EXAMINER?	HOSPITAL:		OTHER:			
1 YES 2 NO	1 ☐ Inpatient 2 ☑ ER/Ou 28s. DATE OF INJURY		OF 28c, INJURY AT	28d. DESCRIBE HOW	N NEW ADOLOG	
1 Netural 6 Pending	(Month, Day, Year)		M 1 YES 2 NO		INJUNY OCCURE	,
3 Suicide 6 Could not be detarmined	28e. PLACE OF INJUR building, etc. (Sp	IY — At home, farm, str ecify)	reet, factory, office	28f. LOCATION (Street City or Town, State		ral Route Number,
Correct Orny			at the time, data and place, and , in my opinion, death occured at			:se(a) and menner as stated.
So. SIGNATURE AND TITLE OF CERTIFIE	cont and	J. P. t	MAE 29c. LICENSE	NUMBER	29d. DATE SIG	NED (Month, Day, Year)
0. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	PEATH (ITIES ET) (Type	Safal T	NOC'L +	ROS	ONCLINE
1. DATE FILED (Month, Day, Mar)	32 RECHOTRAP'S SIG	MY RE COM	J 0 0011 -11	1.11()	2	1228 ma

FEB 23 '90

Je. REGISTBAR'S SIGNATURE

	1. DECEDENT'S NAME (First, Middle, Lest)	> /	7.	AL	ISTI	DF DEA		2. DATE OF DEATH	19	YEAR	TIME OF DEATH 2:40 A M						
	4. SOCIAL SECURITY NUMBER	8. SEX	6. AGE (In yrs. laa	t birthday)	IF UNDER 1 YE	AR IF UNDE	R 24 HRS.	7. DATE OF BIRTH		S. BIRTHPL	ACE (State or Foreign						
1	578-56-1506	1 🗆 M 2 🖵 F	94	YRS.	MONTHS DA	YS HOURS	MIN.	(Month, Day, Year) Aug. 4, 189	5	Country) Δ1+ma	n,I11.						
	9e. FACILITY NAME (If not institution, give at	reet and number)			9b. CITY, TO	WN OR LOCAT	ION OF DE			INTY OF DEAT							
œ/	Potomac Valley Nu	reing &	Wellness	Ctr	Rock	rud 110			Mont	rcomor	**						
DIRECTO	RESIDENCE OF DECEDENT	ISING G	WEITHESE	, осц	ROCK	VIIIE			THOIT	tgomer	У						
JE (10a. STATE 10b. COUNTY	,		10c, CITY,	TOWN OR LO	OCATION				10	INSIDE CITY						
0	Maryland Montg	omery		Rocl	kville	2				1	YES 2 NO						
AL	10e. STREET AND NUMBER					10f. ZIP COD	ЭE		10g. CIT	IZEN OF WHA	AT COUNTRY?						
EB	1235 Potomac Va	llev Roa	ıd			208	850			U.S.A							
FUNERAL	11. MARITAL STATUS	12. WAS DECEDER	IT EVER IN U.S. AR		13. WAS	DECENDENT	OF HISPAN	NIC ORIGIN? (Specify Ye	a or No-	14. RACE -	American Indien.						
	Never Merried 2 Merried		MAR OR DATES	10		s, specify Cub YES 2 A NO		in, Puerto filcen, atc.)		Specify:	Vhita, etc.						
BY	3 Widowed 4 Divorced									W	hite						
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S U	SUAL OCCUP	PATION g most of work	ina	16b. KIND OF BU	SINESS/IN	DUSTRY							
91	Elementary/Secondary (0-12)	College (1-4 or 5	+) /// /// /// /// // // // // // // // /	Do NOT use	retired.)												
M M	12		U. S	.Trea	asury	Depar	t.	U.S.	Govt.								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, Middle, Maiden	Surname)								
BE	Benjamin Austin					1	ınava	ailable									
2	19e. INFORMANT'S NAME (Type/Print)		191	MAILING A	ADDRESS (Str	reet end Numbe	or or Rural	Route Number, City or Tov	vn, State, Zi	ip Code)							
F	Francis J.Ortman 4550 Montgomery Ave. Bethesda, Maryland 20814																
	20e, METHOD OF DISPOSITION 1 Deburier 2 Cremation 3 Remo	aund form State	20b. PLACE other pic	OF DISPOSI	TION (Name o	of cemetery, cre	matory or	20c. LC	CATION -	- City or Town	, State						
	4 Donation 8 Other (Specify)	over from State	_ Mt.01i		Cemete	rv		Was	hingt	ton, D.	C.						
	21. SIGNATURE OF THE RAL SERVICE LIC	ENSEE	110		7	E AND ADDR	ESS OF FA	CILITY									
	1 Clarent	-X/ 1	las .	1						eral H	0						
	23. PART I the the diseases, or c	· pre	100		2222	Wisc	.Ave.	.NW Washi	ngtor	a,D.C.	20007 Approximata						
NO	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CLAUN PYCULAR TWO MID CALS DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):																
F	If any, leading to immediate cause. Enter UNDERLYING	DUE IC	OH AS A CONSE	DUENCE OF	1:												
CERTIFICATION	CAUSE (Disease or Injury	c	OR AS A CONSE	DUENCE OF	h*												
ĒΙ	thet initiated events resulting in death) LAST		(- 1) N - 0 1 0 E	JULITURE OF	,.												
8		d									-						
EDICAL	PERFORMED? AMAILABLE I																
Σ								_		1	YES 2 NO						
SICIAN:	25. WAS CASE REFERRED TO MEDICAL																
<u> </u>	EXAMINER?	HOSPITAL:			OTHER:	6. PLACE OF	DEATH (Ch	neck only one)									
YS	1 U YES 262 NO		☐ ER/Outpatient 3	□ DOA	Nursing		Residence	8 Other (Specify)									
PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE O (Month,	Pay, Year)	28b. TIME INJU	JRY	WORK?		28d. DESCRIBE HOW	INJURY O	CCURED							
	2 Accident Investigation	Investigation " 1 YES 2 NO															
B	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								te Number,								
TED BY	4 Homicide determined							29a. CERTIFIER (Check only one) 2 IMEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.									
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/ terminal control or attending physician.	a second to the second of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second		Decident of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the st	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete. The the funeral director, paragraft of the paragraft of the burial-transit permit. Pages 1, 2, 3 s	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be to see the	O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

Pages 1, 2, 3 should

LOCKED FOR SAME PARK AROUND A YERS	1 - STATE REGISTRAR	STATE OF MARYLA			HEALTH AN	D MEN	TAL HYGIENE REG. NO.		
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R.T. FOARD FUNERAL HOME RISING SUN, MARYLAND 23. PART I. Enter the diseases, or complications and caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):			OPEWELI			E EACH ITY		RT DE	POSIT, MD
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PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MATHER OF DEATH 1 Inpetient 2 ER/Outpettent 3 DOA 4 Hursing Home 5 Residence 8 Other (Specify) 27. MATHER OF DEATH 28. PLACE OF DEATH (Check only one) 28. LOCATION (Street and Number or Pural Route Number. 28. LOCATION (Street and Number or Pural Route Number. 28. PLACE OF INJURY 1 YES 2 HO 28. EXTRIED 1 OCERTIFY IN OR Number or Rural Route Number. 28. PLACE OF INJURY 2 Set. INJURY AT 1 YES 2 HO 28. EXTRIED 1 OCERTIFY IN OR Number or Rural Route Number. 28. PLACE OF INJURY AT 1 YES 2 HO 28. EXTRIED 1 OCERTIFY IN OR Number or Rural Route Number. 28. EXTRIED 1 OCERTIFY IN OR Number or Rural Route Number. 28. EXTRIED 1 OCERTIFY IN OR Number or Rural Route Number. 28. EXTRIED 1 OCERTIFY IN OR Number or Rural Route Number. 29. CERTIFIER 20. LICENSE NUMBER 20. DATE SIGNED (Month, Day, Year) 29. SIGNATURE AND TITLE OF CERTIFIER 29. LICENSE NUMBER 20. DATE SIGNED (Month, Day, Year) 29. LICENSE NUMBER 20. DATE SIGNED (Month, Day, Year) 29. LICENSE NUMBER 20. DATE SIGNED (Month, Day, Year) 29. LICENSE NUMBER 20. DATE SIGNED (Month, Day, Year) 29. LICENSE NUMBER 20. DATE SIGNED (Month, Day, Year) 29. LICENSE NUMBER 20. DATE SIGNED (Month, Day, Year) 29. LICENSE NUMBER 20. DATE SIGNED (Month, Day, Year) 29. LICENSE NUMBER 20. DATE SIGNED (Month, Day, Year) 29. LICENSE NUMBER 20. DATE SIGNED (Month, Day, Year) 29. LICENSE NUMBER 20. DATE SIGNED (Month, Day, Year) 29. LICENSE NUMBER 20. DATE SIGNED (Month, Day, Year) 29. LICENSE NUMBER 20. DATE SIGNED (Month, Day, Year) 29. LICENSE NUMBER 20. DATE SIGNED (Month, Day, Year) 29. LICENSE NUMBER 20. DATE SIGNED (Month, Day, Year) 29. LICENSE NUMBER 20. DATE SIGNED (Month, Day, Year) 29. LICENSE NUMBER 20. DATE SIGNED (Month, Day, Year) 29. LICENSE NUMB	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events								
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EXAMINER? YES 2 NO NO NO NO NO NO NO NO	PART II. Other algnificant conditions	contributing to death be	ut not resulting	In the underl	ying cause give	n in Part i	PERFORM	ED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EXAMINER? VES 2 NO	25. WAS CASE REFERRED TO MEDICAL			26	. PLACE OF DEATH	(Check onl	v one)		
27. MAHNER OF DEATH 1			etlent 3 DOA	OTHER:					
3 Suicide 4 Homicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Check only only 2 MEDICAL EXAMIHER: On the basic of sxamination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end manner as stated. 29b. SIONATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Vear) 2 - 20 - 90 30. NAME AND ADDRESS OF PLACE OF INJURY — At home, farm, street, factory, office 28th LOCATIOH (Street and Number or Rural Route Number, Chy or Town, State) 28th LOCATIOH (Street and Number or Rural Route Number, Chy or Town, State) 28th LOCATIOH (Street and Number or Rural Route Number, Chy or Town, State) 28th LOCATIOH (Street and Number or Rural Route Number, Chy or Town, State) 28th LOCATIOH (Street and Number or Rural Route Number, Chy or Town, State) 28th LOCATIOH (Street and Number or Rural Route Number, Chy or Town, State) 28th LOCATIOH (Street and Number or Rural Route Number, Chy or Town, State) 28th LOCATIOH (Street and Number or Rural Route Number, Chy or Town, State) 28th LOCATIOH (Street and Number or Rural Route Number, Chy or Town, State) 28th LOCATIOH (Street and Number or Rural Route Number, Chy or Town, State) 28th LOCATIOH (Street and Number or Rural Route Number, Chy or Town, State) 28th LOCATIOH (Street and Number or Rural Route Number, Chy or Town, State) 28th LOCATIOH (Street and Number or Rural Route Number, Chy or Town, State) 28th LOCATIOH (Street and Number or Rural Route Number, Chy or Town, State) 28th LOCATIOH (Street and Number or Rural Route Number, Chy or Town, State) 28th LOCATIOH (Street and Number or Rural Route Number, Chy or Town, State) 28th LOCATION (Street and Number or Rural Route Number, Chy or Town, State) 28th LOCATION (Street and Number or Rural Route Number, Chy or Town, State) 28th LOCATION (Street and Number or Rural Route Number, Chy or Town, State) 28th LOCATION (Street and Number or Rural Route Number, Chy or Town, State) 28th LOCATION (Street	1 Hatural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c.	INJURY AT WORK?	28d.		JURY OCCURI	ED
(Check only one) 1 SCERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end manner as stated. 29b. SIONATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) 2 20 9 0 30. NAME AND ADDRESS OF PLACEN WAS COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) THOMAS E FINUCAN, JR., MD 721 BRIDGE STREET, ELKTON, MD° 21921 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	- Codid Not be	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, s	street, factory,	office	d Number or F	Rural Route Number,		
30. NAME AND ADDRESS OF PENSON WIND COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) THOMAS E FINUCAN, JR., MD 721 BRIDGE STREET, ELKTON, MD° 21921 31. DATE FILED (Month, Day, Your) 32. REGISTRAR'S SIGNATURE	(Check only								suse(e) end manner se stated.
30. NAME AND ADDRESS OF PERSON WAS COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) THOMAS E FINUCAN, JR., MD 721 BRIDGE STREET, ELKTON, MD° 21921 31. DATE FILED (Month, Day, Your) 32. REGISTRAR'S SIGNATURE	29b. SIONATURE AND TITLE OF CERTIFIER				29c. LICENSE	NUMBER			
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the area after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DH :	F	1 WIL	KITA
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2	2	2	3

1. OECEOENT'S NAME (First, Middle,	Last)			ERTIFI	3.11				2. DATE O	REG. NO			3. TIME (OF DEATH
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4. SOCIAL SECURITY NUMBER	5. SEX	1	L AGE (In yrs. I	ust birthday)	af UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE O	F BIRTH	, 17	6. BIRT	HPLACE (SI	ate or Foreign
217168501	1 X X M	2 🗌 F	68	YRS.	MONTHS	DAYS	HOURS	MIN.	MARCI	Dey, Year)	1921	Count M Δ I	RYLAN	D
9a. FACILITY NAME (If not institution,					9b. CITY	TOWN O	LOCATIO	N OF DE	-	1 01,		UNTY OF		<u> </u>
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10e. STREET AND NUMBER						101.	ZIP CODE				10g. Cl	TIZEN OF	WHAT COU	NTRY?
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3 Widowed 4 Divorced		W.W.	H				41						W	HITE
15. DECEDENT (Specify only highes	grade completed)		200	DECEDENT'S	rork done	ccupation during mos	N t of working	g	16b. I	KINO OF BU	SINESS/II	NDUSTRY		
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17. FATHER'S NAME (First, Middle, La	st)						18. MOTH	IER'S NA	AME (First, Mi	ddle, Maider	Sumame))		
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19a. INFORMANT'S NAME (Type/Prin	1			19b. MAILING										
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20s, METHOD OF DISPOSITION 1 & Buriel 2 Cremation 3	Removal from	State	20b. PLAC	E OF DISPOS	ITION (Na	me of cem	etery, crem	atory or		20c. L0	CATION -	— City or T	own, State	
4 Donation 5 Other (Specify)		RE:	TLAWN						L	AVAL	E, M	ARYLA	ND
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23. PART I. Enter the disease				death. Do n										proximata
shock, or heart fa	lure. Llat only	one caus	e on aach II	ne.										arval Betwee set and Deat
IMMEDIATE CAUSE (Final disease or condition	C	ARCIN	OMA OF	LARY	NX.	META	STAT	IC						2 year
reaulting in death)	ā		OR AS A CONS						-				-	_ ,
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CAUSE (Disease or Injury that initiated events	c	DUE TO (OR AS A CONS	EOUENCE OF	7:								1	
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25. WAS CASE REFERRED TO MEDI						26. PL	ACE OF D	EATH (C	heck only one)				
EXAMINER?	1 🂢 Inpi		ER/Outpatient	3 DOA	4 Nur		5 ☐ Re	sidence	6 🗆 Other	(Specify)				
1 X YES 2 NO	28a	DATE OF I	NJURY	26b. TIM	E OF	28c. INJ	JRY AT			CRIBE HOW	INJURY C	OCCUREO		
1 XX YES 2 NO 27. MANNER OF CEATH		3/5/		6:0	ON MA	1 🗌 Y	ES Z	NO	Found	on i	1001	r of	hosp	. room
27. MANNER OF OEATH 1 X Netural 5 Pendin		PLACE OF	INJURY - AL			tory, office			284 LOCA	TION /Street	and Mumi	her or Burn	Boute Num	her
27. MANNER OF OEATH 1 X Netural 5 Pendin 2 Accident Investig	280	City or Town, State)												
27. MANNER OF OEATH 1 \(\) Neturel \(5 \) Pendin 2 \(\) Accident investig 3 \(\) Suicide \(8 \) Could	ot be 28e.	building, a	pital	room										erland.
27. MANNER OF OEATH 1 \(\subseteq \) Netural 5 Pendin 2 Accident Investig 3 Suicide 8 Could 4 Homicide determ	not be ned	HOS	pital		444								Cullib	erland
27. MANNER OF OEATH 1 \(\times\) Netural 5 \(\times\) Pendin Investig 2 \(\times\) Accident 3 \(\times\) Suicide 8 \(\times\) Could detarm 29a. CERTIFIER (Check only 1 \(\times\) CERTIFYING	physician: To t	HOS	pital my knowledge,	death occurre					e to the caus	e(a) and m	anner as s	stated.		
27. MANNER OF OEATH 1 Netural 5 Pendin Investig 2 Accident 3 Suicide 8 Could detarm 29a. CERTIFIER (Check only one) 1 CERTIFYING MEDICAL E	PHYSICIAN: To to AMINER: On the	HOS	pital my knowledge,	death occurre			eth occur	red at the	e to the cause time, data	e(a) and m	anner as s	stated.	(s) and mai	nner as stated.
27. MANNER OF OEATH 1 Netural 5 Pendin 2 Accident Investig 3 Suicide 8 Could detarm 29a. CERTIFIER (Check only 1	PHYSICIAN: To to AMINER: On the	he best of a	pital my knowledge, emination and/	death occum or investigatio	n, in my	opinion, d	29c. LICE	ed at the	e to the cause time, data	e(a) and m	anner as s	tated. the cause	(s) and mai	nner as stated.
27. MANNER OF OEATH 1 Netural 5 Pendin Investig 2 Accident 3 Suicide 8 Could detarm 29a. CERTIFIER (Check only one) 1 CERTIFYING MEDICAL E.	PHYSICIAN: To to AMINER: On the	he best of axi	pital my knowledge, amination and/	ed. Ex	_{n, lo my}	opinion, d	eth occur	ed at the	e to the cause time, data	e(a) and m	anner as s	stated.	(s) and mai	nner as stated.

.o, M.D. 900 Set

Giovanni Mastrangelo, M.D.

MAR 0 9 1990

29d. DATE SIGNED (Month, Day, Year) Deputy Med. Examiner Md D07098 3/8/90 WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) Seton Dr. Cumberland, Md. 21502



m 11 m 1/2 0 1

TO BE COMPLETED BY FUNERAL DIRECT

ed by the hosp	uld be detached	ed at once.	
lay be retaine	page 5 shot	t be notifie	
th. Page 6 m	eral director,	miner mus	
urs after deat	in by the fun removal.	edicai exa	
within 24 no	remation, or	rent, the m	
be executed	cian and com or to burial,	raumatic ev	
th certificate	ending physical Il Hygiene pri	or other tr	
that the dea	ed by the att	any injury.	
law requires	is been signient. of Healt	23 shows	
SICIAN: The	certificate ha	, or item	
NDING PHYS	R: After this of death with	is marked	
AL OR ATTE	AL DIRECTOR	If item 28	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M	MENTAL	HYGIENE
	CERTIFICATE OF DEATH		REG. NO.
Alddin	Loub	2 DATE OF	DEATH

FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)		A		2. DATE OF DEATH WONTH DAY	YEAR	3. TIME OF DEATH
H.A		non	ADAMS	March 10	1990	3:40 PM
		MO	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cour	
217-10-4000		2 YRS.		07-12-190		MD
9a. FACILITY NAME (If not institution, give street	·	98	o. CITY, TOWN OR LOCATION OF DI	EATH	9c. COUNTY OF	
Memorial Hosp	oital		Cumberland		Alle	gany
10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATION			10d, INSIDE CITY LIMITS?
MD Alle	egany	Cur	mberland			1X YES 2 NO
10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
120 Massachusetts			21502		USA	
11. MARITAL STATUS 1 Never Married 2 Married	P. WAS DECEDENT EVER IN U FORCES? 1 X YES		13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexico		or No- 14. RA Bla	CE — American Indian, ick, White, etc.
a M watermed a D Diversed	-1943 - 6-19	ES	1 TES 2 NO Specif		Spi	white
15. DECEDENT'S EDUCATI	ION	6a. DECEDENT'S US	UAL OCCUPATION	18b. KIND OF BUSI	I NESS/INDUSTRY	willte
(Specify only highest grade con	npleted) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during most of working	200 100 100 100 100		
12	onege (1-4 of 5 4)	ner	sonnel officer	text	ile	
17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Maiden S		
Harry M	. Adams			Clara Tabl	er	
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	ORESS (Street and Number or Rural			
Mrs. Deborah Coop	per Irons	Thu	rmont, MD			
20a METHOO OF DISPOSITION 1 A Burial 2 Cremation 3 Removal	I from State	PLACE OF DISPOSITI	ON (Name of cometery, crematory or		ATION — City or	
4 Donation 5 Other (Specify)	I	Everett C			erett,	PA
21. SIGNATURE OF FUNERAL SERVICE LICENS	JEE //		Scarpelli F			
Janes 7 X	carpelle		108 Virgini			ind. MD 21502
disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF): CONSEQUENCE OF):				
PART II. Other significant conditions of	ontributing to death bu	t not resulting in	the underlying cause given in	Pert I. 24e, WAS AN PERFORM	MEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)		
	IOSPITAL:	tient 3 DOA 4	THER: Nursing Home 5 Residence	a Other (Specify)		
27. MANNER OF DEATH	Win. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJURY AT	28d. DEŞCRIBE HOW IN	JURY OCCURED	
Natural 5 Pending Investigation	(Month, Day, real)	INJUN	M 1 YES 2 NO			
3 Suicide 6 Could not be determined	26a. PLACE OF INJURY - building, etc. (Specif	— At home, farm, stre	et, fectory, office	28f. LOCATION (Street a City or Town, State)	nd Number or Run	al Route Number,
Check only	On the basis of examination	and/or investigation,	at the time, date and place, and du in my opinion, death occured at th 29c. LICENSE NO	e time, date and place, and	due to the caus	ee(a) and manner as stated.
Dr Guy Fiscus Mem 31. DATE FILEO (Month, Day, Year) MAR 1 1990	orial Hospii	TURE	al Building, C	umherland,	Md. 215	502

-	S	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page has such with the State hear of Health and Mental Honleine prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF M			TMENT ICATE				MENTAL HYG			
	1. DECEDENT'S NAME (First, Middle, Lest) RUTH P. A	Ruth P		nder:	son				2. DATE OF DEAT MONTH	H DAY	90	3. TIME OF DEATH P. 12.30 M
	4. SOCIAL SECURITY NUMBER 220-20-7275	5. SEX	6. AGE (in yrs. la: 82	st birthday) YRS.	IF UNDER	1 YEAR	# UNDER	24 HRS. MIN.	7. DATE OF BIRTI (Month, Dey, Ve. Dec. 28,	1907	Count	HPLACE (State or Foreign hry) nsylvania
(9a. FACILITY NAME (If not institution, give st		(1, - 0 -	^ 1				ON OF DE	ATH	9c. CC	ARF	DEATH
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	NORIAL	HOSPI	7	Y, TOWN C	AVIC		X	GRACE		AIG	10d, INSIDE CITY
DIREC	Pennsylvania	York			lta							LIMITS? 1 YES 2 NO
FUNERAL	Rt. 74, R.D. 2						7314	E			USA	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 🔀		- 1 2	f yes, sp	ecify Cuba		C ORIGIN? (Speci , Puerto Rican, ald		14. RAC Blee Spec Who	
田	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(0	CEDENT'S live kind of Do NOT u	work done (CCUPATIO	ON st of workin	ng	16b. KIND O	F BUSINESS/I	NOUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Emp	loyee	Uti	liza				-Gover		t
BE CO	17. FATHER'S NAME (First, Middle, Lest) Samuel Randolph	Anderson	n					rer's NAM	ME (First, Middle, M Blai:		att	
TO B	19a. INFORMANT'S NAME (Type/Print) Marie Flaharty		19		ADDRESS 2, Ai				loute Number, City o	r Town, State,	Zip Code)	12
20a. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Pine Grove Presbyterian Cemetery Sunnyburn, Pa.												
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE M. Co	me	TII	. H	Iowai	rd K.		mas III			ome, P.A. Md. 21009
CERTIFICATION	23. PART I. Enter the diseases, or on shock, or heert feiture. If the shock is shock, or heert feiture. If the shock is shock, or heert feiture. If the shock is shock, or heert feiture. If the shock is shock is shock in the shock is shock in the shock is shock in the shock is shock in the shock is shock in the shock is shock in the shock is shock in the shock is shock in the shock is shock in the shock in the shock is shock in the shock in the shock is shock in the shock in the shock is shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock in the shock i	a. Corel DUE TO	se on each lin	QUENCE O	PF):		- 0	4	la as csrdiac or		srrest,	Approximate interval Between Oneet and Desth
PHYSICIAN: MEDICAL CI	Degeneration Colors PERFORMED? 1 YES 2 NO OF								b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF D	DEATH (Chi	ck only one)			
	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF (Month, De	INJURY	28b. Til	_	28c. IN.	IURY AT ORK?		6 Other (Specification of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro		CCURED	
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building.	F INJURY — At hetc. (Specify)	ome, farm,	street, fac				28f, LOCATION (S City or Town,		ber or Rural	Route Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICONO) 2 MEDICAL EXAMINE											(s) and menner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	· Lo	rufi	w			29c, LIC	ENSE NUN	BER 32	29d. C	ATE SIGNE	12 (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WH	Thu 1	lle 1	rel	_	C	ho	ue/	Lull	e 1	g	. 21028
	31. DATE FILED (Month, Day, Year) 2 9 0	FEB 22	r's signature	Lu	lia Da	idson	Band	600				

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ne funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within we now after death. Page 6 may be retained by the hospit
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

REGISTRAR DECEDENT'S NAME (First, Middle,	Last)			^		2 D4	TE OF DEATH			3. TIME OF DEATH
GARLAND P.				Ann	ronio	MO	TUANG 14	4 19	TO TO	5:25 P
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	s. last birthday)	7		7. DA	TE OF BIRTH onth, Day, Year)		B. BIRTHE	PLACE (State or Foreign
A717-07-9130	1 M 2 □ F	77	YRS.	MONTHS D	AYE HOURS MIN.	1	2-25-191	12	De.	,
e. FACILITY NAME (If not institution,					WN OR LOCATION OF	DEATH		9c. COUNT		
PENINSULA GEN	ERAL HOSPIT	CAL		SAI	LISBURY			WIC	OMIC	CO
RESIDENCE OF DECEDEN										
	DUNTY		10c. CIT	IY, TOWN OR L						10d. INSIDE CITY LIMITS?
	Wicomico			Delm	ar					XX YES 2 NO
De. STREET AND NUMBER					101. ZIP CODE			10g. CITIZI	EN OF W	HAT COUNTRY?
6 W. Elizabe	th St.				21875			US	A	
MARITAL STATUS Never Merried 2 \(\frac{1}{2} \) Married Widowed 4 Divorced		NT EVER IN U.S 1 TYES 2 WAR OR DATES	ZNO	If ye	B DECENDENT OF HISP es, specify Cuban, Mexi YES 2 NO Spec	can, Puer		or No 1	Black, Specify	- American indian, White, etc.
15. DECEDENT'S (Specify only highest		18a	. DECEDENT'S	USUAL OCCU	PATION		6b. KIND OF BUSI	INESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	life, Do NOT u	ise retired.)	ng most of working					
10			Form	an			Pennsylv	ania	Rai	lroad
7. FATHER'S NAME (First, Middle, La	st)				18. MOTHER'S		t, Middle, Malden S			(
Antonio Annoni	0				Ella A	Anni	s Annoni	io		
De. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (SI	treet and Number or Run				Code)	
Matilda V. An	nonio		1 1 1 1 1 1 1 1 1		beth St. I					
0a. METHOD OF DISPOSITION N Burlal 2 Cremetion 3		20b. PL	ACE OF DISPO		of cemetery, cremetory of			ATION — C		vn. State
N Burial 2 ☐ Cremetion 3 ☐ ☐ Donation 5 ☐ Other (Specify		oth	er place)		ry Gardens			on, l		
I. SIGNATURE OF FUNERAL SERVI		A OPI	THE HILL		ME AND ADDRESS OF		Hebi	.011, 1	iu.	
Da. 1:00 .	1	//	,							
	IAA JA	1 -1	/	Sho	rt Funeral	L Hor	ne, Inc.			
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URED Aural Ri ceuse(s)	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO

BALTIMORE, MARY

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFIC	IENT OF HEALTH AND ATE OF DEATH		GIENE 3. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest)	1			2. DATE OF DE	ATH DAY 24 Y	3. TIME OF DEATH
	SAM Ayo	ub					SAR SYYY M
		5. SEX 6. AGE (II		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIR (Month, Day, 11/27/	Year)	BIRTHPLACE (State or Foreign Country) Palistine
5	9a. FACILITY NAME (If not institution, give stre	eet and number)	96	SILVER SP	EL NG	9c. COUNTY	OF DEATH
<u>آ</u>	REGIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		I AND DIEV TO	OWN OR LOCATION		17707	10d. INSIDE CITY
DIRECTOR	mD mor	ntgomera		ER SPRING	<u> </u>		YES 2 NO
UNERAL	2105 PRICH	HARD ROB) - D	101. ZIP CODE 2090	1	USA	N OF WHAT COUNTRY?
5		12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED 2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi			. RACE — American Indian, Black, White, etc.
2	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	TES T	1 TES 2 NO Spec			Specify: White
ב	15. DECEOENT'S EDUCA (Specify only highest grade or		16a. DECEDENT'S USL	JAL OCCUPATION done during most of working tired.)	16b, KIND	OF BUSINESS/INDUS	TRY
COMPLE	Elemantary/Secondary (0-12) 1/12	College (1-4 or 5+)	Rug Clear		Se1	f Employe	ed
SE CO	17. FATHER'S NAME (First, Middle, Last) NIMER S. AYOUB				A SALEH	Malden Surname)	
2	19a. INFORMANT'S NAME (Type/Print) Samira Ayoub			Prichard R		or Town, State, Zip Co . S . Md .	ode)
	20s. METHOD OF DISPOSITION	206.	PLACE OF DISPOSITION	ON (Name of cemetery, cremetory of	, ;	20c. LOCATION — Cit	y or Town, State
	1 St Buriel 2 Cremetion 3 Remov	1	other place) Ga	te of Heave	n	S.S.Mo	1.
	21. SIGNATURE OF FUNERAL SERVICE LICE	MIEE //	/	22. NAME AND ADDRESS OF A	naldi		
	LAULIER	Kirald	_	11800 New		ve.S.S.1	Md.
	23. PART I. Enter the disesses, or co	omplications that caused	I the death. Do not	enter the moda of dying, as	ich as cardiac o	r respiratory srres	
	abock, of heart failure. Li iMMEDIATE CAUSE (Final disease or condition	lat only one cause on as	ach lina.		ich as cardiac o	r respiratory srres	Interval Between Onset and Death
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BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sl	be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF D	EATH DAY		YEAR	3. TIME OF DEATH
Richard A	rmen .	Apcar							Februa				8:35 P
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER		IF UNDER		7. DATE OF BI (Month, Day,			8. BIRTH	IPLACE (State or Foreign
578-54-7255	5	1 M 2 □ F	50	YRS.	MONTHS	DAYS	HOURS	MIN.	June 4		39		gland
9a. FACILITY NAME (If not in	stitution, give a	treet and number)			9b. CITY	TOWN	OR LOCATI	ON OF DE	EATH		9c. COU	NTY OF D	EATH
Carriage Hi	11 of	Bethesda	a		Ве	ethe	sda					Mont	gomery
10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN C	R LOCA	TION						10d. INSIDE CITY
Virginia			1	A	rling	gtor	ı						LIMITS?
10e. STREET AND NUMBER						10	of. ZIP COD	E			10g. CIT	ZEN OF V	WHAT COUNTRY?
1001 Wilso	on Bou	levard,	#1001				222	09			Un.	ited	States
11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	X YES	2 NO		If yes, s		ın, Mexica	NIC ORIGIN? (Sp in, Puerto Rican, y:		or No-	14. RACI Black Speci	E — American Indian, k, White, atc.
3 Widowed 4 Divo	rced	1963	-1989										White
15. DEC	EDENT'S EDU	CATION completed)	16	Give kind of	work done	CCUPAT	ION lost of workli	ng		D OF BUSI			
Elementary/Secondary (0	-12)	College (1-4 or 5	+)	Ille. Do NOT u						Depar			
12		5+		Eco	nomi	st				of Co	mme	rce	
17. FATHER'S NAME (First, Mi	iddle, Last)								ME (First, Middle		urneme)		
George Arm	nen Ap	car					Ro	se T	urnbull	l			
19a. INFORMANT'S NAME (7)		22							hevy Ch				nd 20815
George Arme		ar.	Anh S	LACE OF DISPO				_	nevy Cl			City or To	
1 🔀 Burlai 2 🗆 Crematio	n 3 🗆 Rem	oval from State	00	her place) ington					ry				Wirginia
21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE	MOC	381	22.	NAME A	ND ADDRE	SS OF FA	CILITY	Funer	al	Home	/Rethesda-
Barbara	Jom	cmuller	dan	nence	C B	hevy	Cha sda,	sear	phrey I	75571	Wis 4-3	cons 501	/Bethesda- in Avenue
23. PART I. Enter the di	accaes, pr	complications the	it ceused th	ne death. Do	not enter	the m	oda of dy	ing, suc	h as cerdiac	or respire	ntory ar	reat,	Approximate
IMMEDIATE CAUSE (Fin		List only one car	use on eaci	n line.									Onset and Deat
disease or condition	<u> </u>	CAR	MAC	- ARR	ES	1							
resulting in death)	•			ONSEQUENCE O	F):								+
		COR	OWARY	ARTE	24 [)ISI	SASF						
Sequentially list condition if any, leading to immediate		D		ONSEQUENCE O	F):								
cause. Enter UNDERLY	ING												
CAUSE (Disease or inju that initiated events	ry	DUE TO	(OR AS A C	ONSEQUENCE O	NF):								
resulting in death) LAS	T	d											
DART II Other sizelfic	nt conditi	a contribution	docth to		In ct.	ode to		-to-	Description 1				
PART II. Other aignifica	= Q-\1			HALOPA		nderlyli	ng cause	given in	Part I. 24a.	PERFORM		246	AWAILABLE PRIOR TO
COMPTAGE	7 111			4	FIHI	1	COP	(110	11-11	YES 2	No		COMPLETION OF CAUSE OF DEATH?
SI MYOC	ARDIA	LINFA	Reno	W					′				1 TES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			QŢŊE		PLACE OF E	DEATH (Ch	reck only one)				
1 🗆 YES 2 NO		1 Inpatient 2	ER/Outpatk	ent 3 🗆 DOA	4 X Nur	sing Ho	me 8 🗆 R	esidence	6 - Other (Spe	ecify)			
27. MANNER OF DEATH	01.707	28a. DATE Of (Month, I	F INJURY Day, Year)	28b. TIN	AE OF JURY		JURY AT		26d. DEŞCRIB	BE HOW IN.	JURY OC	CURED	
	Pending Investigation				М		YES 2 [No					
3 Suicide 6	Could not be	28e. PLACE (of INJURY -	Al home, farm,	street, fec	tory, off	Ice		261. LOCATION	N (Street an	d Numbe	or or Rural	Floute Number,
	determined		, , , , , , , , , , , , , , , , , , , ,						J., G. 101	.,,			
29a. CERTIFIER 1 CERT	TIFYING PHYS	ICIAN: To the best o	f my knowled	ge, death occur	red at the i	lime, dat	te and place	, and due	to the cause(a)	and mann	or as ats	nted.	
one)													s) and menner as stated.
	OF CERTIFIE							ENSE NU					
Film	· 1	ND					D	265	571 (MO	DA DA	2/2	5 90
30. NAME AND ADDRESS OF	11ZUS	O COMPLETED CAL	54	H (ITEM 27) (Type	Print)	HR	LAN	C #	206	1	BET	HESD	A, MD 2001
31. DATE FILED (Month, Day,	700		AR'S SIGNATI			10	, v		-00	_			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TO MAN	30	guha x	Davidson	-Randale									

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page S should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Just after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2

	FOR STATE REGISTRAR	STATE OF MA			TMENT				MENTA	AL HYGIENI REG. NO.	E	90	0644
-	1. DECEDENT'S NAME (First, Middle, Last)			>					2. DAT	E OF DEATH		YEAR :	3. TIME OF DEATH
i	Emma Do	rothea	Averi	.11					MON (02-25-	90	TEAH	M
	4. SOCIAL SECURITY NUMBER	S. SEX	. AGE (In yrs. les	t birthday)	IF UNDER 1		IF UNDER		7. DATI	E OF BIRTH		8. BIRTHP Country)	LACE (State or Foreign
	216-36-9008	I □ M 2 🙀 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	11-	13-15	1	vew !	
1	9a. FACILITY NAME (If not institution, give street	et and number)			9b. CITY, 1	TOWN O	R LOCATI	ON OF DE	ATH		9c. COU	NTY OF DE	ATH
5	5015 W . Chalk	Point	Road		West	t R	ive	r			Anne	arı	undel
Č.	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	_		I son cer	Y, TOWN OR	1.0047	1001						10d. INSIDE CITY
DIREC	MD Anne	Arunde	L		st R	ive	r						LIMITS?
FUNERAL	5015 W. Chalk F	oint R	oad			-	0778				USA		AAT COUNTRY?
5		2. WAS DECEDENT FORCES? 1	EVER IN U.S. AR	MED						IN? (Specify Yea Rican, etc.)	or No-	14. RACE - Black,	- American Indian, White, atc.
B	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA					2 X NO					Specify	White
Ĕ	15. DECEDENT'S EDUCA (Specify only highest grade co		/G		Work done du			ng	16	bb. KIND OF BUS	INESS/INC	USTRY	
֡֓֞֟֟֟֟֓֓֟֡֓֓֓֓֡֟	Elementary/Secondary (0-12) 12	College (1-4 or 5+)			stere		NT1220			Min	aine		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1	egi	stere	zu		_	145 (F)-i		sing	1	
	Ivar Nelson						16. INO11	HER S NA	MIE (IFIIS)	, Middle, Maiden	Lars	con	
B	19a, INFORMANT'S NAME (Type/Print)		19	h MAII ING	ADDRESS	(Street a	nd Number	or Burnt	Flourin Mus	mber, City or Town			
2	Felix Eric Aver	·ill								nady S			20764
	20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPO								City or Tow	
	1 Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from Stata	Culp	eppe	er Na	ati	ona.	l Ce	emet	terv	Culr	eppe	er, VA
	21. SIGNATURE OF FUNERAL SERVICE LICE				22, N	AME AF	ID ADDRE	SS OF FA	CILITY				
	Wild X	it- C								cal Ho			ville, MD
	23. PART I. Enter the diseases, pr con	molications that	caused the de	eath. Do									Approximete
- 1	shock, pr heert feilure. Lie	st Diffy Dna caus	e on each line	9.				22					interval Between Onset end Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	5 MA	LLC	66	16	CA	NC	161	e C	FLO	IN	G.	1 months
		O. P	OR AS A CONSE	QUENCE O	157	rn	e -	TA	01	5			
CERTIFICATION	Sequentially list conditions, b.	DUE TO (C	OR AS A CONSE			H) /		0 /	<u> </u>			1
¥	if any, leeding to immediate cause. Enter UNDERLYING												
필	CAUSE (Diseese or Injury that initiated events	DUE TO (C	OR AS A CONSE	QUENCE O	F):								
F	resulting in death) LAST												
	PART if. Other significent conditions	contributing to d	eath but not	regulting	in the unc	tertyln	2 091100	alven In	Part I	24s, WAS AN	ALITODEV	246	WERE AUTOPSY FINDINGS
NA I	TAIT II. Other significant conditions	continuating to a	cati out not	resulting	ui die diic	act ry mr	y cause	given in	rait i.	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE
ā									_	1 TYES 2	NO NO	1 1	OF DEATH?
Σ				- 15									1 NES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 PI	ACE OF E	SEATH (C)	and and	onel			
PHYSICIAN: MEDICA	EXAMINER?	HOSPITAL:	EB/Outpetlant 1	D 004	OTHER	:	0.4			her (Specify)			
¥	27, MANNER OF DEATH	26a. DATE OF II	NJURY	26b. TJR	AE OF	28c. IN.	URY AT	esidence	Y	EŞCRIBE HOW I	NJURY OC	CURED	
	1 Natural 5 Pending	(Month, De)	(Year)	IN	JURY		YES 2 [NO					
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — At he tc. (Specify)	ome, ferm,	street, facto	ery, offic	•		26t. LC	CATION (Street : ty or Town, State)	and Numbe	r or Rural Ro	oute Number,
E					_	_		_					
COMPLETED	29a. CERTIFIER (Check only one)												
00	2 MEDICAL EXAMINER:	On the basis of axi	mination and/or	investigati	on, in my of	pinion, d							CAL-S-Am Contact
BE (29h SIGNATURE AND TITLE OF CERTIFIER	1	1	2			29c LIC	3 5	MBER	MD.	29d. DAT	E SIGNED	(Month, Day, Year)
2	36 NAME AND ADDRESS OF PERSON WHO	MIN	M	<u>V)</u>	81.0			00	07	3	0	/- ol	1 10.

DEATH (ITEM 27) (Type, Print)
MD 134

Rd

Owensville

31. DATE FILED (Month, Day, Year)
FEB 27

. .

BY FUNERAL DIRECTOR

BE COMPLETED

2

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

EXAMINER?

27. MANNER OF DEATH

Netural 5

Accident

3 Suicide 4 Homicide

s after death. Page 6 may be retained by the hospital or attending physician.	to certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dent, or Health and Mental Hydiene prior to burial, cremation, or removal.	dical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, he find within 20 hours after hearth with the State Dent, or Hearth and Mental Hoviere prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE OF MARYLAN	D / DEPARTMENT	T OF HEALTH AND N		90 064
1. OECEDENT'S NAME (First, Middle, Last) DENNIS BR	ADLEY ANO	GULO	REG. NO. 2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
213-83-3548 12420 = 3	YRS. Inst birthday) IF UNDER MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4 30 58	BIRTHPLACE (State or Foreign Country) Maryland
98. FACILITY NAME (If not institution, give atreet and number) THO U COSS HOSPITA RESIDENCE OF DECEDENT	96. CITY	v, town or location of oed Jer Sprin	g And. Pr	ounty of DEATH
100. STATE 106. COUNTY Montgomer	y Silv	Jer Spr	ing, md	10d. INSIDE CITY LIMITS? 1 1 20 NO
13202 Collingwood T.	e.	2090	4	CITIZEN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. VAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:	2 DNO	WAS DECENDENT OF HISPANI If yes, specify Cuban Maxican 1 YES 2 NO Specify:		14. RACE — American Indian, Black, White, atc.
15. OECEDENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 8+) 3	(Give kind of work done life. Do NOT use retired.) Actor	during most of working	Broadway 1 Street, No	Musical 42nd
17. FATHER'S NAME (First, Middle, Last) Earl D. Angulo		18. MOTHER'S NAM	AE (First, Middle, Meiden Sumame De11	9)
19a. INFORMANT'S NAME (Type/Print) Earl D. Angulo			coute Number, City or Town, State, Cer., Silver S	Zip Code) Spring, MD 20904
1 🗔 Burial 2 💢 Cremation 3 🗔 Removal from State	her place)	ame of cemetery, cremetory or n Crematory		- City or Town, Stata Iria, Virginia
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Clark & Wusse	w I	11800 New Ham	Funeral Home	Silver Spring MD
PART I. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each IMMEDIATE CAUSE (Final)	na daath. Do not antai	r tha mode of dying, auch	sa cardiac or respiratory	Approximate Interval Between Onset and Dasth
disease or condition resulting in death) s. Due to (or as a co	ONSEQUENCE OF):	fallure		4-Swee
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	INSEQUENCE OF):	moma re defici	ency Syn	drone
PART II. Other significant conditions contributing to death but	not reaulting in the u	nderlying cause givan in i	Part i. 24s. WAS AN AUTOP!	SY 24b. WERE AUTOPSY FINDINGS

1 - YES 2 NO

COMPLETION OF CAUSE DF DEATH? 1 - YES 2 - NO

Severe 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one)

HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER:
4 \(\text{Nursing Home} \) 5 \(\text{Residence} \) 8 \(\text{Other (Specify)} \) 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OEȘCRIBE HOW INJURY OCCUREO

1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER 2 MEDICAL EXAMINER: On

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year)

		_		_		0			_	, (2					
Э.	NAME	AND	ADO	RESS	OF I	PERSON	WHO	COM	PLETED	CAUSE	OF	DEATH	(ITEM	27) (Type	e, Print)
	1 -	/	0	-		/	-	.)	1	^			1	-	1 1	, -

106 10 GEOKGIA

31. DATE FILEO (Month, Day, Year)
FEB 20 '90

32. REGISTRAS'S SIGNATURE Mandall

OHMH-16 Rev 1/89

		Hed n
5,	within	crematio
1314	paccuted	and com
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ificate be e	physician ene prior to
P. O.	ath cert	tending al Hygid
33,	the dea	d Ment
COR	ires that	signed by lealth an
RE	law requ	ept. of h
ITAL	AN: The	ificate he State D
OF	PHYSICI	this cert with the
NO O	NDING	R: After er death
SIVIS	DR ATTE	DIRECTO
	OSPITAL	JNERAL ithin 72 h
	D THE H	e filed w
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or

	•	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF ICATE OF		MENTAL HYGIEN REG. NO		
	,	1. DECEDENT'S NAME (First, Middle, Last)	Ahran	son			2. DATE OF DEATN		3. TIME OF DEATH 2:27 A M
1		611 01		In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTN (Month, Day, Year)		BIRTNPLACE (State or Foreign Country) US-A-
		9a. FACILITY NAME (If not institution, give street	and number)	1 9	96. CITY, TOWN	OR LOCATION OF C	DEATH MA	De. COUNTY	OF DEATN
- Page		RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	ATION	101	1.10.	10d, INSIDE CITY
		md Mont	gomery	S	ilver	Sprin	X		1 LYSE 2 NO
I VOUNT	T LUNG	8005 Park	Crest	DRIVE		OI. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- 11	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	WAS DECEDENT EVER IN FORCES? XX YES IF YES, GIVE WAR OR DO WW 2	ATES	If yes, s		NIC ORIGIN? (Specify Yearn, Puerto Rican; atc.)	1 or No 14.	. RACE — American Indian, Black, White, etc. Specify: WHITE
CTED		15. OECEDENT'S EDUCATII (Specify only highest grade com Elementary/Secondary (0-12)	ON pleted) gliege (1-4 or 5+)	ille. Do NOT u	work done during n	nost of working	16b. KIND OF BU	GOVER	
once.		17. FATHER'S NAME (First, Middle, Last)		01/11	DIVOLIVE	1 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	AME (First, Middle, Maiden		WIIDN I
ed at	2	SAMUEL ABRAMSON 19a. INFORMANT'S NAME (Type/Print)		10h MAN ING	ADDRESS (Street	HANN	AH Route Number, City or Tox	un State 7in Co	and a l
F 5	2	LAURENCE ABRAMSON					MAC, MD 208		(OB)
examiner must be notified at once.		29a. METNOD OF OISPOSITION ∑XPBurial 2 ☐ Cremation 3 ☐ Removal	Secure Strate	o. PLACE OF DISPO	SITION (Name of c	emetery, crematory or	20c. LC	CATION — CITY	y or Town, State
Der m		4 Donation 5 Other (Specify)	According to the second	DAS ISRA	22. NAME	. CEMETE	ACILITY	HINGTO	
xamir	1	Michaelth	Minel				LDBERG MEM		CHAPELS E, MD 20852
the medical		23. FART I. Enter the diseases, or conshock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	plications that cause only one cause on e	d the death. Do sech line.			ch as cardiac or reap		t, Approximate Interval Between Onset and Death
or other traumatic event,	ENITIONION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	Arte	ry De	elest The		2
of Health and Ments shows any injury.	MEDICAL C	PART II. Other algorificant conditions of	Across to death to	Faulu	In the underly	ng cause given i		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
State Dept.		25. WAS CASE REFERRED TO MEDICAL, EXAMINER?	OSPITAL:		26. OTHER:	PLACE OF DEATH (C	Check only one)		
red, or it	2	1 ☐ YES 2 MNO 1	Inpetient 2 ER/Out	patient 3 DOA	4 - Nursing He	ome 6 🗆 Residence	6 Other (Specify)	INJURY OCCU	RED
item 28 is marked, or item 23:		1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) 28e. PLACE OF INJURY	IN	JURY M 1	YES 2 NO	281. LOCATION (Street	success of	
n 28 is		3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spe	clly)	onest, motory, or		City or Town, State		THE BY THE PROPERTY.
2 = 3		CONTROL OTHY	N: To the best of my know On the beste of examination						cause(e) and menner se stated.
PORT	וס סב	296. SIGNATURE AND TITLE OF CENTIFICA	White	~	no.	29c. LICENSE N	UMBER 388	29d. DATE 5	17 90
+1		NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DI TO COSTE VI 12. BEGISTRAR'S SIGN	MO	4701	Ren	relegon 1	Rd ,	Rochirlle Md
		FEB 20 '90	Gulia Davids	on-Randoll			U		LOSSI

Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTA			MENTAL HYGIE	NE	0 00430	
	DECEDENT'S NAME (First, Middle, Last) John E. Asvestas					2. DATE OF DEATH	DATE OF DEATH 3. TIME OF DEATH		
COMPLETED BY FUNERAL DIRECTOR	579-01-0658	. SEX 6. AGE (In yrs. 90	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan 13,	1900	BIRTHPLACE (State or Foreign Country) Greece	
					own on Location of Death ver Spring			9c. COUNTY OF DEATH Montgomery	
	10a. STATE 10b. COUNTY 10c. CITY, TOX			Gilver S			10d. INSIDE CITY LIMITS? XXX YES 2 \(\text{NO} \) NO		
	10o. STREET AND NUMBER 712 Langley Place			101.	20901		U. S. A.		
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. & BMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If yes, spe	13. WAS DECENDENT OF HISPANIC OPIGIN? (Specify Yes or N If yes, specify Cuban, Maxican, Puerto Rican, atc.) 1 YES 2 NO Specify:			No— 14. RACE — American Indian, Black, White, atc. Specify: White	
	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary Secondary (0-12) Coffege (1-4 or 5+) Self-Employed 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working into Do NOT use refered.) Restaurant								
	17. FATHER'S NAME (First, Middle, Last) Evangelo Asvestas			I-EmpI	16. MOTHER'S NA	(HER'S NAME (First, Middle, Maldon Surname) Fotine Not Available			
TO BE					Street and Number or Rural Route Number, City or Town, State, Zip Code) 7 Pl., Silver Spring, MD 20901				
	20c. METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Gate of Heaven Cemetery Silver Spring, MD						ring, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH Gawler's Sons 5130 Wisconsin Av., Washington, DC 20								
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heert fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Approximata interval Batween Onset and Death Due TO (OR AS A CONSEQUENCE OF):								
ETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. Renal Insufficiency 1 VES 2 XI NO						24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO Normalized Properties Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normalized Normaliz								
	27. MANNER OF DEATH 1 X Netural 5 Pending	NER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIM INJ			URY AT RK?	28d. DESCRIBE HOW INJURY OCCURED			
	2 Accident Investigation 3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29e. CERTIFIEN (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.								
TO BE	29b. SIGNATURE AND TITLE OF CENTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	OF CERTIFIER Lect For D PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print)			29c. LICENSE NUMBER D19192		29d. DATE SIGNED (Month, Day, Yoar) Feb. 16, 1990		
	Barry Hecht, M.D. 3941 Ferrara Dr. Wheaton, MD 20906								
31. DATE FILED (Month, Day, 16ar) FEB 20 90 32. REGISTRAR'S SIGNATURE FLORE DEVICES THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROP									

6/1990 YEAR 90

BALTIMORE, MARYLAND 21203-3146

FOR STATE REGISTRAR

1. DECEDENT'S NAME (Flor Middle Last)Philip

1 -

	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yra. les		UNDER 1 YEA		4 HRS. 7. E	DATE OF BIRTH	8. 1	BIRTHPLAC Country)	E (State or Foreign
	204-54-5905	1 M 2 □ F	23	YRS. MON	ITHS DAY	8 HOURS	MIN.	9-2-66	i		STOUN
	9e. FACILITY NAME (If not institution, give :	street and number)		9b.		N OR LOCATION	N OF DEATH		9c. COUNTY		
OR	Washington Cour	nty Hospit	tal		Hag	erstow	n		WAS	SHIBU	TON
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	Υ		10c. CITY, TO	WN OR LO	CATION				10d.	INSIDE CITY
E		BIMIR		A	tero	MUNU					LIMITS? YES 2 NO
	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
FUNERAL	205 GRAM	TAVE.				160	602	and a		USA	L
S	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR					RIGIN? (Specify Yes	or No- 14.	RACE - A Black, Whi	merican Indian, ite, atc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W				YES 2 NO				Specify:	te
EQ.	15. DECEOENT'S EDU		18a. DE	CEDENT'S USU	JAL OCCUP	ATION most of working	,	18b. KIND OF BUS			
COMPLET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+) life	. Do NOT use rei	tired.)			0 -			
MP	12	-	C	ABLE	Ins?	MUCK			E 7.0	7,	
႘	17. FATHER'S NAME (First, Middle, Last)	فلتات						First, Middle, Malden		,	
BE	UNKing 19a, INFORMANT'S NAME (Type/Print)		19	b. MAILING AD	DRESS (Str			Number, City or Tow	n, State, Zip Co	de)	
2	Sylvia /	Inderso	n	2218	P 1	OTH	Ave.	Actor	ma Pi	4 14	63/
	20s. METHOD OF DISPOSITION 1 M Buriat 2 Cremation 3 Rem	novel from State	other p	BORL of		f cemetery, creme			CATION — City		itata
	4 Donation 5 Other (Specify)		101	Blain	e 1	Temos	rial	" MAUK	Pellus	000	1
	21. SIGNATURE OF FUNERAL SERVICE L	ICINETE	14	_	22, NAM	E AND ADDRES	S OF FACILIT	MAUK	e-ym	() K	17. INC
	Kulom	16. 4	lun	as	71	9410	t Are.	funia	las 1/te	run	a the ruce
	23. PART I. Enter the diseases, or shock, or haert failure.				enter the	mode of dyle	ng, such a	s cardiec or resp	iratory arres		Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition		2/ose	1 11	. /	Tim	11111				Onset and Deat
	resulting in death)		OR AS A CONSE		ex d	109	·VIIIC				CV7 75
_		502 10	(OIL AS A CONSE	COLINOE OF J.						İ	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. OUE TO	(OR AS A CONSE	QUENCE OF):							
CAI	cause. Enter UNDERLYING CAUSE (Disease or Injury	c									
HE	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE OF):							
CER		d									
	PART II. Other significant condition	ons contributing to	death but not	resulting in t	the under	iying cause g	given in Par	rt I. 24a. WAS AM PERFO	RMED?	AVA	RE AUTOPSY FINDINGS ILABLE PRIOR TO
MEDICAL								1 TYES	NO NO		MPLETION OF CAUSE DEATH?
								-		1	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL.				2	6. PLACE OF D	EATH (Check	only one)			
SICI	EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA 4	THER:			Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF (Month, D	INJURY	28b. TIME C	OF 284	: INJURY AT WORK?		d. DESCRIBE HOW	INJURY OCCU		nek 1
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	21	Jan 90	A		YES 2	1000	Excessiv	e spea	6 0	NONDURCE
	3 Suicide 8 Could not b	28e. PLACE C building:	etc. (Specify)	ome, farm, stre	et, factory,	office	26	81. LOCATION (Street Only or Town, State	end Number or	Runil Route	Number,
ETE	4 Homicide determined	10257 De	1 MAG	70	カング	110/5/10	1	XT70			
COMPLETED	(Check only	SICIAN: To the best of									
SO	2 ST MEDICAL EXAMIN	NER: On the basis of a	xamination and/o	r investigation,	in my opini						
BE	296. SIGNATURE AND TITLE OF CERTIF	2/1/12	Desla.			29c, LICI	ENSE NUMBE	16	29d. DATE S	BIGNED (MO	6 Po
2	30. NAME AND ADDRESS OF PERSON Y	VHO COMPLETED CAU	SEIOF DEATH (IT	EM 27) (Type, Pr	rint)		1100		/	327	
	14	W. Wee	ES	4		NSTOW	pe hed				
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE	* /	1			4			
	1 5 90	gulia .	Davidson-7	andore	15.0	<	100	10 10			
		U		7.							DHMH-18 Rev

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO.

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I Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. ''s after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
SION OF V	ENDING PHYSICIAN	DR: After this certifiter the the the the the the the the the the	3 is marked, or	
DIVIS	TO THE HOSPITAL OR ATT.	TO THE FUNERAL DIRECTL be filed within 72 hours aft	IMPORTANT: If Item 28	

	1 - STATE REGISTRAR	STATE OF M	IARYLAND / DEPAF CERTIF						GIENE G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	-	OLITTI	TOATE	. 01	DLA		2. DATE OF DEA	ATN	140	3. TIME OF DEATN
	BOYD S	5.	Ash1	.ey				монтн Februar	v 7, 1	990	4 P M
	4. SOCIAL SECURITY NUMBER	5. SEX Male	6. AGE (In yrs. last birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIR	TN	8. BIRTN	PLACE (State or Foreign
- 1	215 36 2213		67 YRS.					9/1/19		_	"Co. Md.
~	9a. FACILITY NAME (If not institution, give :					R LOCATIO	ON OF DE	ATN	9c. C0	OUNTY OF D	EATN
birector	At Home Hawthorne	Avenue		Rocl	к на	ГТТ				Kent	
REC	10e. STATE 10b. COUNT	Y	10c, CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY LIMITS?
	Maryland Ker	it	Rock	Hall	1,						1 YES 2 NO
(ERA)	10e. STREET AND NUMBER	A			101	ZIP CODE	661		10g. C		VHAT COUNTRY?
7	Hawthorne 11. MARITAL STATUS Widowed	-	T EVER IN U.S. ARMED	10.14				IC ORIGIN? (Spec	Man an Ma	USA	— American Indian,
BY FI	1 Never Merried 2 Married \$\frac{1}{3}\text{ Widowed 4 Divorced}	FORCES? 1 IF YES, GIVE W	YES 2 NO	п	f yes, sp		n, Mexice	, Puerto Ricen, a		Black Speci Whi	t, White, atc.
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. DECEDENT'S (Give kind of	USUAL OC	CCUPATIO	ON of working	0	16b. KIND	OF BUSINESS/	NDUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+) We. Do NOT u	se retired.)	any no	at or working	v		0		100
COMPLETED	11		Farmer						m Owne		
8	17. FATNER'S NAME (First, Middle, Last)	seph C. As	shlev			16. MOTE		we (First, Middle, I usta	Maiden Sumeme Crouch	*	
H	19e. INFORMANT'S NAME (Type/Print)	Jepin of Inc		ADDRESS	(Street a	nd Number		loute Number, City			
일	Helen A. Wagner	(Sist		Hal.					or rowing ordina		
	20e. METHOD OF DISPOSITION B1	ırial	20b. PLACE OF DISPO	SITION (No.	me of cer	melary, crem	atory or	1990 2	Roc. LOCATION	— City or To	wn, State
	4 Dinistion 5 Other (Specify)		Wesley Cha	pel (Cem.	(Fe	b. 1	0,	Rock	Hall,	Md.
	EL GONATURE OF FUNERAL SERVICEA	CENSEE	0000			ND ADDRES		P	.O. Bo	10	64 d. 21620
	23. MARY I. Enter the diseases, or	complications the	t coused the deeth. Do								Approximate
	shock, or heert fellure. IMMEBIATE CAUSE (Fins)										Onset and Death
	diseses or condition resulting in death)		OR AS A CONSEQUENCE OF	mor	MA	1 A	13/3	iel			
		DUE TO	OR AS A CONSEQUENCE O	HF):		11		1			
NO N	Sequentially list conditions,	b. DUE TO	OR AS A CONSEQUENCE OF	ejou	7	Ver	un	Mosk		-	
E	If any, leading to immediate cause. Enter UNDERLYING	Co	· line	LTH	Tra	at					
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEQUENCE O	F):	7-0						
CERTIFICATION	resulting in death) LAST	d									
	PART II. Other aignificent condition	ns contributing to	deeth but not resulting	In the un	derlyln	g cause g	jiven In	Part I. 24a. V	MAS AN AUTOPS	Y 24b	. WERE AUTOPSY FINDINGS
ICAL									YES 2 NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE
								_ ``	.20 2		OF DEATH?
ä											
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		LACE OF D	EATN (Ch	eck only one)			
IXSI	1 TES 2 NO	1 - Inpatient 2 -	ER/Outpatient 3 DOA	4 🗆 Nurs	sing Non		sidence	6 Other (Spec			
	27. MANNER OF DEATN 1 Natural 6 Pending	26a. DATE OF (Month, De		JURY M	WC	JURY AT ORK? YES 2	- MO	26d. DEŞCRIBE	NOW INJURY	DCCURED	
BY	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE O	F INJURY — At home, farm,	street, facto			100	26f. LOCATION	(Street end Num	ber or Rural i	Route Number
TED	3 Suicide 6 Could not be 4 Nomicide determined	building,	etc. (Specify)					City or Town	i, State)		
COMPLET	290. CERTIFIER 1 CERTIFYING PNYS	SICIAN: To the best of	my knowledge, death occur	red at the ti	ima, date	and place	end dua	to the cause(a) a	and manner as	stated.	
OM	ana)	Part of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later of the later	xamination end/or investigati						late, end due to	the cause(e	and manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	B P	leave capy	tob.	Bu	Zec. LIC	NSE NUI	ABER		ATE SIGNED	(Month, Day, Year)
D BE	Cluste	> '	11			12	388	29	•	2/8	190
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	SE OF DEATH (ITEM 27) (Type	o, Print)	U	me	d	2162	0		
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	00							
	FED 0 7 90	guha	Davidson-Rand								- 9

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFI				NTAL HYGIENE REG. NO.		
	1. DECFOENT'S NAME (First, Middle, Lan	† 1	70 %				DATE OF DEATH		3. TIME OF DEATH
	Bertha Lou	ise Anderso	n			10	MONTH DAY $0.2 - 1.7 - 9.0$		1015 H
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(in yrs. Iger birthday)	IF UNDER 1 YEA	R IF UNDER	24 HRS. 7.	DATE OF BIRTH	A, BIR	THPLACE (State or Foreign
	219-34-8941	1 🗆 M 2 📆 .	64 YRS.	MONTHS DAY	S HOURS	MIN. 1	2-31-25	1	ntry)
	9a. FACILITY NAME (If not institution, give	e street and number)	/	9b. CITY, TOW	N OR LOCATIO	N OF DEATH	1	9c. COUNTY OF	DEATH MD
4	Anne Arundel		ter	Anna	polis				Arundel
2	RESIDENCE OF DECEDENT		-						
E	10a. STATE 10b. COUR	₹TY	10c. CITY	TOWN OR LO	CATION				10d. INSIDE CITY
DIRECTOR	MD. Anne	Arundel	Dea	10					1 TES 2 TO NO
	10e. STREET AND NUMBER	ALUMBI	THE A		10f. ZIP CODE			10g. CITIZEN OF	WHAT COUNTRY?
EN.	908 main Str	eet			20751			USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	IN U.S. ARMED	13. WAS 0	DECENDENT OF	F HISPANIC	ORIGIN? (Specify Year	or No.— 14. RA	CE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES		If yes,	specify Cubar		varto Rican, atc.)	Bis	ock, White, etc.
A	3 XWidowed 4 Divorced	IF 1ES, GIVE HAN ON E	PATES	1	ES ZX NO	Specify:) Sp	White
0	15. DECEDENT'S E		16a. DECEDENT'S	USUAL OCCUP	ATION		16b. KIND OF BUSE	NESS/INDUSTRY	
E	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life, Do NOT use		most of working	g			
Ы	7		Housew	ife			Househ	old	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTH	IER'S NAME	(First, Middle, Malden S	iurname)	
	Guy Phinns				De	1146	Demons		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre			Rogers to Number, City or Town.	State, Zip Code)	
2									ND 20770
	Genevieve Joh		b. PLACE OF DISPOS	TION (Name of	cemetery crem	KOAO	West B	ATION — City or	MD 20778
	20g. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	imoval from Stata	akemont			, .			ille, MD
	21. SIGNATURE OF FUNERAL SERVICE		,11 /	_	AND ADDRES	S OF FACIL			
	1041	1 12	0 /.				eral Hon	e P.A	
	· Value	of work	a m				le Road.		
	23. PART i. Enter the diseases, o								Approximate
	IMMEDIATE CAUSE (Finel	e. List only one ceuse on	eech line.	. /	01	0	1		Interval Between Onset and Death
	disease or condition	(lale	CV	4- (-	100	okee)		born
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF	2	. 11		1 1	9	1,000
7		· Jene	roline	2 C	etto	en	seles	rse	1540
CERTIFICATION	Sequentieity list conditions, if any, leading to immediate	DUE TO JOH AS	A CONSECUENCE OF	0	٠, .	11		1	0
CAT	cause. Enter UNDERLYING	aller	we a	celi	esur	des	case to	ug	10gw
Ē	CAUSE (Disease or injury that initiated events	DUE TO (99) AS	A CONSEQUENCE OF):0	,		. 1	11	1,0
H	resulting in death) LAST	(4) be	lew of	tu 1	mee	- 0	mpoto	Treen	leger
	DART II Other desident and the								0
CAL	PART II. Other significant condition	one contributing to deeth	but not resulting i	n the under	ying ceuse g	jiven in Pa	rt I. 24s. WAS AN / PERFORI		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
U	i						_ 1 _ YES 2	□ NO	OMPLETION OF CAUSE OF DEATH?
ō									1 YES 2 NO
MEDI									
N: MEDI							_		
NAN: MEDI	25. WAS CASE REFERRED TO MEDICAL				3. PLACE OF D	EATH (Check	only one)		
SICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 \(\text{YES} \) YES 2 \(\text{PNO} \)	HOSPITAL:	tpetient 3 100A	OTHER:					
HYSICIAN: MEDI	EXAMINER?	HOSPITAL: 1 Inputient 2 I ER/Out 28a. DATE OF INJURY	28b, TIMI	OTHER: 4 Nursing I	Home 5 - Ra	aldenca 6	only one) Other (Specify) 8d. DESCRIBE HOW IN	JURY OCCURED	
PHYSICIAN: MEDI	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending	HOSPITAL: 1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Dey, Year)	28b, TIMI	OTHER: 4 Nursing i E OF 28c. URY	Home 5 □ Ra	aldenca 6 2	Other (Specify)	JURY OCCURED	
BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: 1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR	28b. TiMi	OTHER: 4 Nursing I E OF 28c. URY 1	Home 5 Ra INJURY AT WORK? YES 2	aldenca 6 2	Other (Specify)		al Route Number,
BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending	HOSPITAL: 1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, stc. (So	28b. TiMi	OTHER: 4 Nursing I E OF 28c. URY 1	Home 5 Ra INJURY AT WORK? YES 2	aldenca 6 2	Other (Specify)		al Route Number,
BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Stural 5 Pending Investigation 2 Accident Investigation 3 Suicide S Could not a determined	HOSPITAL: 1 Inpetient 2 ERVOut 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR building, stc. (Spo	29b. TIMI INJ IY — At home, farm, s	OTHER: 4 Nursing I E OF 28c. URY 1 Introet, factory, c	Home 5 Ra INJURY AT WORK? YES 2	NO 2	Other (Specify) 6d. DESCRIBE HOW IN 81. LOCATION (Street as City or Town, State)	nd Number or Run	al Route Number,
BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Vistural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not determined SE. CERTIFIER 1 CAREEL PARCE PARCEL	HOSPITAL: 1 Inpetient 2 ERVOUT 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR building, stc. (Spo	28b. TIMI INJI IY — At home, farm, s ec/fy) At home, farm, s	OTHER: 4 Nursing I E OF 28c. URY M 1 Idraet, factory, c	Home 5 Re INJURY AT WORK? YES 2 Diffice	NO 2	Other (Specify) 8d. DESCRIBE HOW IN 8t. LOCATION (Street a City or Fown, State)	nd Number or Run	
BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Vistural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not determined SE. CERTIFIER 1 CAREEL PARCE PARCEL	HOSPITAL: 1 Inpetient 2 ERVOut 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJUR building, stc. (Spo	28b. TIMI INJI IY — At home, farm, s ec/fy) At home, farm, s	OTHER: 4 Nursing I E OF 28c. URY M 1 Idraet, factory, c	Home 5 Re INJURY AT WORK? YES 2 Diffice	NO 2	Other (Specify) 8d. DESCRIBE HOW IN 8t. LOCATION (Street a City or Fown, State)	nd Number or Run	
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W. Seriesgraff and and and

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTION, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146

	FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAI CERTIF				MENTAL HYGIEN REG. NO.			
-	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		V#10	3. TIME OF OEATH
,	Alvin Roscoe Barne	い					MONTH DA	3	90	5738AH
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. A	GE (In yrs. lest birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	217-18-8770	[XM 2 □ F	86 YRS.	MONTHS	DAYS	HOURS MIN.	Feb. 26, 19	904	Mar	yland
	9e. FACILITY NAME (If not institution, give street	end number)		9b. CITY,	TOWN O	R LOCATION OF DE			UNTY OF D	EATH
OR I	Washington County	Hospital		Hage	erst	own			Wash	ington
5	RESIDENCE OF DECEDENT 100, STATE 100, COUNTY		1 400 00	TY, TOWN O	O LOCATI	ON			- "	10d, INSIDE CITY
Ë	Maryland Washing	iton		igers						LIMITS?
FUNERAL DIRECTOR	10a. STREET AND NUMBER			.5		ZIP CODE		10a, Cl	TIZEN OF V	WHAT COUNTRY?
R	Rt. 1 Box 350				200	21740		1	USA	
Š		. WAS DECEDENT EVE	ER IN U.S. ARMED			ENDENT OF HISPAN	NIC ORIGIN? (Specify Yes		_	E — Americen Indien, k, White, etc.
F	1 Never Merried 2 Merried	FORCES? 1 Y				city Cuben, Mexica 2 X NO Specify	n, Puerlo Rican, etc.) y:		Speq	k, White, etc.
ЭВУ	3 🔀 Widowed 4 🗌 Divorced								Whe	te
Ī	15. DECEDENT'S EDUCATI (Specify only highest grade com-		18a. DECEDENT'S (Give kind of Ille. Do NOT	work done of	CUPATIO during mos	N at of working	16b. KIND OF BU	SINESS/IN	DUSTRY	
ĽE	Elementary/Secondery (0-12)	college (1-4 or 5 +)		Eder			Weldir	ia Co	0.	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			-		18 MOTHED'S NA	ME (First, Middle, Melden			
	John Barnes						2. Moats	Somema		
BE	190. INFORMANT'S NAME (Type/Print)	IC-000	19b. MAILIN	G ADDRESS	(Street at		Route Number, City or Tow	n, State, Z	Sip Code)	
2	Roscoe R. Barnes		1320	Tau 1	DH	Hagersto	own MD 217	140		
	20a. METHOD OF DISPOSITION 1		20h. PLACE OF DISPO	SITION (No.	me of com	select cremetory or			- City or To	own, State
	4 Donation 6 Other (Specify)	from State	Smiths bu	vrg C	rema	tory		thsbu	urg, N	ID .
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE /		22.	NAME AN	s Funera				
	Dennis "	KL	Jov				и поте Smithsbw	10 M1	0 01	783
	23. PARTA. Enter the diseases, Dr com									Approximate
	ahock, or heart failure. List IMMEDIATE CAUSE (Final	only one cause b	on each line.				/			interval Between Onset and Death
	disease or condition resulting in death)	proli	-nall	WAN	8-1-	4 an	res +			40 min
	1	DUE TO (OR	AS A CONSEQUENCE	OF):	, /1	11.	1 1.			, 71
N	Sequentially list conditions,	meom	AS A CONSEQUENCE	dM	ota	Valle	Acidor	14		1- 600
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING		Leo	ory:	.6	die	lace			relan.
읪	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A SONSEQUENCE	OF):	er.	gora	,			17
E	resulting in death) LAST	Lucant	relled	Hy	NY	tens	un			
	PART II. Other significent conditions of	contributing to dee	th but not requiring	"//	dadular	course shop in	Part i. I 240, WAS AN	I ALITTORES	v I au	b. WERE AUTOPSY FINDINGS
₹	TAIT II. Other significent conditions of	onthibuting to dea	til but not resulting	in the un	roet lying	Cause given in	PERFO		' 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE
							1 TYES	NO I		OF DEATH?
Σ							—			1 WES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH (Ch	neck only one)			
Sic	EXAMINER? 1 YES 2 NO 1	OSPITAL:	Outpatient 3 DOA	OTHER 4 Nun		e 5 🗆 Residence	8 Other (Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE OF INJU	JRY 28b. TI		28c. INJ		28d. DESCRIBE HOW	INJURY O	CCURED	
ВУБ	1 Natural 5 Pending 2 Accident Investigation	(2	М		ES 2 NO				
	3 Suicide 8 Could not be	28s. PLACE OF IN. building, etc.	JURY — At home, farm (Specify)	, street, fact	lory, office	0.	28f. LOCATION (Street City or Town, State		per or Rural	Route Number,
	4 Homicide determined									
	CHOCK ONLY	N: To the best of my i	knowledge, death occu	rred at the t	ime, date	and place, and due	s to the cause(s) end me	nner as s	tated.	
COMPLETED	one) 2 MEDICAL EXAMINER: (In the basis of examin	nation and/or investigat	tion, in my d	opinion, d	eath occured at the	time, date and place, e	nd due to	the ceuse(e) end menner ee stated.
BEC	296. SIGNATURE AND TITLE OF CERTIFIER	111-18				29c. LICENSE NU	MBER	29d. D/	ATE SIGNE	O (Month, Day, Year)
10 8	- Masten W. of	Mask	N. 141)		U31	880	_	3/	3/90
-	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED ANUSE OF	F SEATH (ITEM 27) (Ty)	oe, Print)						W. Company
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SMINATURE							
	MAR 0.5 '90	0	dson-Randall							
	I'IIII U J JU	The state of	WOT V- Planting BE							

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89

	Pages 1, 2, 3 should		
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common of the in	5 should be detact		arised or item 23 shows any injury or other traumatic event. the medical examiner must be notified at once.
. I ago o may be	ral director, page		liner must be
מונה המונה הוחים	ed in by the fune	, or removal.	medical exam
The Police	and completely fill	burial, cremation	afic event, the
il continuate oc o	ending physician a	Hygiene prior to	or other traum
mes that the oca	signed by the att	Health and Menta	we any injury
WIN THE PART TON	rtificate has been	e State Dept. of	or Hem 23 sho
L ON ALIENDING FILLION	TOR: After this cer	after death with th	9
TOPLINE OF A	FUNERAL DIREC	ed within 72 hours after death	TANT If Ham 5
200	THE	be filed	MPOR

	FOR	STATE OF MARYLAI	ND / DEDAD	TMENT OF	HEALTH AND MEI	NTAL HYCIENE	90 0645
	1 - STATE REGISTRAR	STATE OF MANTEA			F DEATH	REG. NO.	
	1. DECEMENT'S NAME (First, Middle	DAH: STONE				DATE OF DEATH DAY	YEAR 3. TIME OF DEATH
	577-05-7		yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		OATE OF BIRTH (Monte, Day, Year);	8. BIRTHPLACE (State or Foreign Country)
	FACILITY NAME (If not institution	1131	YRS.	9b. CITY, TOW	N OR LOCATION OF DEATH	2 23/01	COUNTY OF DEATH
DIRECTOR	edlantic Ma	anor Nursing Home		Silve	r Spring	1	Montgomery
REC		COUNTY		Y, TOWN OR LO			10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER	Montgomery	S	ilver S	pring 101. ZIP CODE	Lan	1 TYES 2 NO
ERA	14900 Cobbles	stone Drive			20905	100	USA
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merri 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U	2 NO	If yes,	ECENDENT OF HISPANIC Cospecify Cuben, Mexican, Press 2 7 NO Specify:		io— 14. RACE — American Indian, Black, White, atc. Specify White
	15. DECEDEN	NT'S EDUCATION 1 hest grade completed)	16e. DECEDENT'S	USUAL OCCUPA		16b. KIND OF BUSINES	S/INDUSTRY
	Elementary/Secondary (0-12)	College (1-4 or 8 +)	Ille. Do NOT u	se retired.)		0.1	
COMPLETED	1/12 17. FATHER'S NAME (First, Middle,	2 Years	Sun	Lite In	surance	Sales First, Middle, Meiden Sume	
	Anthony Batti				Eufemia S		(me)
) BE	19e. INFORMANT'S NAME (Type/Pr		19b. MAILING	ADDRESS (Street	et end Number or Rural Route	Number, City or Town, Sta	ite, Zíp Code)
2	Gino Battis	stone	149	00 Cobb	lestone Dri	ve S.S.Md.	
	20a. METHOD OF DISPOSITION 1. Burlal 2 Cremation 3 4 Donation 5 Other (Spec	B □ Removal from state 20b. 8	other place)		cemetery, crematory or		ON — City or Town, State
	21. SIGNATURE OF FUNERAL SER		Ga	te of I	AND ADDRESS OF FACILITY	TY	
	Muchay	of finals		Hines	s/Rinaldi Fu) New Hamp./	neral Home	
	23. PART I. Enter the disease shock, or heert iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a	mystn	- /Le	mode of dying, such se	a cardiac or respirator	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Due TO (OR AS A C		•	The VTISHA	n Albah	l Rang
	PART II. Other aignificant or	onditiona contributing to deeth but	t not recuiting	in the underly	ring cause given in Par	t i. 24e. WAS AN AUTO	OPSY 24b. WERE AUTOPSY FINDINGS
PHYSICIAM: MEDICAL						1 YES 2	
SIC!	25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 100	HOSPITAL: 1 Inpetient 2 ER/Outpet	elect 2 DOS	OTHER:	PLACE OF DEATH (Check		
	27. MANNER OF DEATH Natural 5 Pend	26e. DATE OF INJURY (Month, Day, Year)	28b. Tis	E OF 28c.	INJURY AT 28 WORK? NO	d. DESCRIBE HOW INJUR	IY OCCURED
TED BY	3 Suicide 6 Could	28e. PLACE OF INJURY -	At home, farm,	street, factory, o	ffice 28	f. LOCATION (Street end h City or Town, State)	lumber or Rural Route Number,
COMPLETED	and a	NG PHYSICIAN: To the best of my knowle EXAMINER: On the baels of examination					
TO BE	296. SIGNATURE AND TITLE OF C	Tomo			29c. LICENSE NUMBER	838/ 2	d. DATE SIGNED (Month, Day, Year)
F	SO, MANN AND ADDRESS OF PER	MOON INTO COMPLETED CAUSE OF DEA	TA (ITEM 27) (Type	1 Print few	a thily	d. Oh	12 Mel 20032
	FEB 23 '	90 Sinka David		80			U

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.

burial-transit permit. Pages 1, 2, 3 should		(
bificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,		ust be notified at once.
nd completely filled in by the funeral direct	burial, cremation, or removal.	atic event, the medical examiner me
as been signed by the attending physician a	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
HE FUNERAL DIRECTOR: After this certificate h	led within 72 hours after death with the State [ORTANT: If item 28 is marked, or item

FOR STATE REGISTRAR

1 - STATE REGISTRAR	STATE OF	MARYLAND / DEPAR CERTIF					MENTAL HYGIEN REG. NO.			
1. DECEDENT'S NAME (First, Middle, LI HAZ	,						2. DATE OF OEATH	ď	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 K F	6. AGE (In yrs. last birthday) 65 YRS.	IF UNDER	1 YEAR DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) 8 8 192	:4	6. BIRTH	PLACE (State or Foreign YLAND
9e. FACILITY NAME (If not institution, g				APOI	OR LOCATI	ON OF D	EATH		UNTY OF E	RIINDEL

		HAZEL	BELT							3 MONTH 7	199	ď	YEAR	м
	4. SOCIAL SECURITY NUMBER	iR .	5. SEX 1 M 2 X F	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER	1 YEAR DAYS	#F UNDER	24 HRS. MIN.	7. DATE OF (Month, De 8 8				LACE (State or Foreign
CHOR	9e. FACILITY NAME (If not ins	E COUR					APOI	IS	ON OF DE	ATH		9c. COUNT		RUNDEL
DIFEC	MARYLAND	10b. COUNTY	ARUNDEL		1,10	Y, TOWN O	-	TION					- 1	IOd. INSIDE CITY LIMITS? I YES 2 NO
FUNERAL	100. BTREET AND NUMBER 810 C BROOM	KE COU	RT					21401					S.A.	IAT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 1 3 Wildowed 4 Divor			IT EVER IN U.S.AR YES 2 NA WAR OR DATES			If yes, sp		n, Mexice	IIC ORIGIN? (5 n, Puerto Rice :		or No-	14. RACE - Black, Specify	- American Indien, White, etc.
COMPLETED	15, DECE (Specify only Elementary/Secondary (0-	DENT'S EDUC highest grade	CATION completed) College (1-4 or 5	+) (G.	ive kind of Do NOT u	work done se retired.)	during mo		ng	16b. Kii	ND OF BUS	BINESS/INDU	JSTRY	THE WAY
	17. FATHER'S NAME (First, Mic JOSEPH SIM	ddle, Last) MS						18. MOT	TARTE	MA (FIRE ANIC)	KER KER	Surneme)		
TO BE	190. INFORMANT'S NAME (7), SHIRLEY BEL'									OLIS,				01
	20a. METHOD OF DISPOSITION 1 ☑ Burlet 2 ☐ Cremation 4 ☐ Donation 6 ☐ Other (3 🗆 Reme	oval from Stata	20b. PLACE other place HILL	OF DISPO	SITION (No	me of cer	netery, crer	natory or			CATION - C		n, State ARYLAND
	21. SIGNATURE OF FUNERAL	SERVICE LIC	Reexe							E & SO				NAPOLIS, MD P.A.
	IMMEDIATE CAUSE (Findisease or condition	ert fellure.	List only one car	ot caused the deuse on sech line).				ing, sucl	h aa cardlad	or respi	ratory srre	eat,	Approximate Interval Between Onset and Death 3 4 ks
,	resulting in death)	· -	OUE TO	OR AS A CONSE	OUENCE C	HF):			5009	Sion				3923
CATIO	Sequentially list condition if any, leading to immediate. Enter UNDERLYII	liate NG	OUE TO	(OR AS A CONSE	DUENCE C	PF):	100							
RTIFIC	CAUSE (Disease or Injur that initiated events resulting in death) LAST		DUE TO	(OR AS A CONSE	DUENCE C	F):								
MEDICAL CERTIFICATION	PART II. Other significes	nt condition	s contributing to	death but not a	resulting	in the u	nderlyin	g cause	given in		e. WAS AN PERFOR	RMED?		WERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ä	25. WAS CASE REFERRED TO	MEDICAL					26. PI	LACE OF S	DEATH (Ch	eck only one)				
Sic	EXAMINER?		HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE		10 a (R	esidence	6 Other (S	(pecify)			
Y PHYSICIA		Pending nvestigation	28e, DATE Of (Month, I	F INJURY Day, Year)	26b. Til	ME OF JURY M	WC	IURY AT DRK? YES 2 [_ NO	28d. DESCR	IBE HOW I	NJURY OCC	URED	
TED BY	3 Suicide 6	Could not ba letarmined		OF INJURY — At he, etc. (Specify)	ome, farm,	street, fec	tory, offic	ia.			ON (Street a Town, State)	and Number o	or Rural Ro	oute Number,
COMPLETED	anal		CIAN: To the best o											end manner as stated,
TO BE CC	206. SIGNATURE AND TITLE	OF CERTIFIES	Helen	n de	12			29c. LIC	ENSE NUI	WBER		29d. DATE		Month, Day, Year)

				1 YES 2 NO	OF DEATH?
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	Check only one)	
EXAMINER? 1 YES 2 NO	e 6 Other (Specify)				
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCU	RED
3 Suicide 6 Could not be detarmined	26s. PLACE OF INJURY At I building, etc. (Specify)	home, farm, street, f	actory, offica	261. LOCATION (Street and Number or City or Town, State)	Rural Route Number,
29e CERTIFIER					

6. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

SACKS 1833 FUREST

REGISTRAR'S BIGNATURE

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		2	١
		ages 1,	
BALLIMORE, MARYLAND 21203-3146	d by the hospital or attending physician.	ild be detached for use as the burial-transit permit. Par	
A	etaine	shou	
MOKE, M	ige 6 may be ri	Sirector, page 5	
	h. Pa	eral	
ZAL Z	r deat	e fun	
_	s afte	by th	
_	Sour	ed in	
		y fill	
13146,	executed with	and completel	
J. BOX 13146,	ertificate be executed with	ing physician and completel raiene orior to burial, crema	
P.O. BOX 13146,	eath certificate be executed with	attending physician and completel Ital Hygiene prior to bunal, crema	
HDS, P.O. BOX 13146,	that the death certificate be executed with	d by the attending physician and completel h and Mental Hydiene orior to burial, crema	
RECORDS, P.O. BOX 13146,	requires that the death certificate be executed with	been signed by the attending physician and completel to the atth and Mental Hydiene prior to burial, crems	
AL RECORDS, P.O. BOX 13146,	he law requires that the death certificate be executed witth	e has been signed by the attending physician and completel to Dept. of Health and Mental Hydiene prior to burial, crems	
VITAL RECORDS, P.O. BOX 13146,	AN: The law requires that the death certificate be executed with	tificate has been signed by the attending physician and completel State Dect. of Health and Mental Hydiene orlor to burial, crema	
OF VITAL RECORDS, P.O. BOX 13146,	HYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Deat, or Health and Mental Hydrene prior to burial, cremation, or removal.	
N OF VITAL RECORDS, P.O. BOX 13146,	G P	for this certificate has been signed by the attending physician and completely filled in by the fu- rath with the State Deut, or Health and Mental Hydisere prior to burial, cremation, or removal	
SION OF VITAL RECORDS, P.O. BOX 13146,	G P	OR: After this certificate has been signed by the attending physician and completel her neath with the State Dect. of Health and Mental Hydiene prior to burial, crema	
IVISION OF VITAL RECORDS, P.O. BOX 13146,	G P	RECTOR: After this certificate has been signed by the attending physician and completel ins after heath with the State Dent. of Health and Mental Hydiene ordor to burial, crema	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	G P	(AL DIRECTOR: After this certificate has been signed by the attending physician and completel 72 hours after healt with the State Deut, of Health and Mental Hydiene prior to burial, crema	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	G P	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely into 72 hours after death with the State Deat, of Health and Mental Hydiete prior to burial, creman	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely with the State Deut, of Health and Mental Hydiene prior to burial, cremained to burial, cremained to burial.	

Day.

1990

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at ence.

1. DECEDENT'S NAME (First, Middle, Last) FLORENCE	ELIZ/	HETH	B	AR	BE	R		2. DATE MONT	OF DEATH	š - š	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 577 03 8099	5. SEX	6. AGE (In yrs. last	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDE	MIN.	(Monti	OF BIRTH h, Day, Year) 5-1896		BIRTHPLACE (State or Fdreign Country) Mass.
9s. FACILITY NAME (If not institution, give s	treet and number)	33		9b. CITY,	TOWN	OR LOCATI	ION OF D			9c. COUNTY	OF DEATH
Pleasnat Living	Conv. Ce	nter		EDGI	CWAT	ER					AA
RESIDENCE OF DECEDENT	1		10c. CI1	Y, TOWN C	B LOCA	TION				-	10d, INSIDE CITY
MD Ar	ne Arund	le1		Annap							LIMITS?
10e. STREET AND NUMBER					10	. ZIP COD	E			10g. CITIZE	N OF WHAT COUNTRY?
29 W. Washington	St.					2140	01				USA
11. MARITAL STATUS 1 X Never Merried 2 Merried	FORCES?	TEVER IN U.S. ARI		1	f yes, sp	ecify Cub	en, Mexico	an, Puerto	N? (Specify Yes Rican, etc.)	or No- 14	RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE	MAN ON DATES			☐ TES	2 1 NO	Speci	y:			Specify: White
15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S	USUAL OF	CCUPATIO	ON ost of work	ina	16b	. KIND OF BU	SINESS/INDUS	ТЯУ
Elementary/Secondary (0-12)	College (1-4 or 5	- Atto	Do NOT u	se retired.)							
11			cle	erica	1					etail	
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	AME (First,	Middle, Meiden	Surneme)	
Riley	Barl				-	1					
19m. INFORMANT'S NAME (Type/Print) Leroy W. Brooks			ox 98			ond Numbe		216	ber, City or Tow 665	n, State, Zip Co	000)
20e, METHOD OF DISPOSITION	oval from State	20b. PLACE other pla	OF DISPO	SITION (Na	me of ce	metery, cre	matory or		20c. LO	CATION - CI	y or Town, State
1 Duriel 2 Cremetion 3 Removal from State other (Specify) Metropolitan Crematory Alexandria, VA											
22. NAME AND ADDRESS OF FACILITY RAUSCH FH. Owings. Owings.											
M. Mice	11 1	2/2)	RA	/	2	2450	/ K	Fin	200/	Willigs	MD 70 202
23. PART I. Enter the diseases, or	complications the	et caused the de	eth. Do	not enter	tha mo	de of dy	ring, auc	th as can	dlac or read	retory arres	t, Approximate
ahock, or heart fellure.	List only one ca	use on eech lina								,	Interval Batwee
IMMEDIATE CAUSE (Final disease or condition									Triang and Sam		
DUE TO (9R AS A CONSEQUENCE OF):											
	a debition of chronic despase										
Sequantially list conditions, If any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE C	F):							
cause. Entar UNDERLYING CAUSE (Disease or Injury	a choom	2 LIT	I								
that initiated events	DUE TO	(OR AS A CONSEC	DUENCE C)F):	9	1		1			
resulting in death) LAST	d. Mypy	2 tensos	~	and	A	tho	DSU	hero	513		
PART II. Other significant condition	na contributing to	daath but not r	eaulting	in the ur	darlyin	g cause	given in	Part I.	24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDING
									PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
									1 TYES 2	Z [] NO	OF DEATH?
											1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL	7,514				28. P	LACE OF	DEATH (C	heck only o	ne)		
EXAMINER?	HOSPITAL:	☐ ER/Outpetient 3	□ DOA	OTHE	₹:			-			
27. MANNER OF DEATH	27. MANNER OF DEATR 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d.							1	SCRIBE HOW	INJURY OCCU	RED
Natural 5 Pending Investigation	Natural 5 Pending (Month, Day, Year) If					YES 2	□ NO				
3 Suicide 8 Could not be	28e. PLACE building	DF INJURY — At ho	me, farm,	street, fac	ory, offi	De .	-		CATION (Street or Town, State)		Rural Route Number,
4 Homicide datermined	2.000								, 2.310)		
29e. CERTIFIER (Check only	ICIAN: To the best of	f my knowledge, de	eth occur	red at the t	ime, dat	end plac	e, end du	e to the ca	use(e) end me	nner es stated	
onel											ceuse(e) end menner ee stated.
296. SIGNATORE, AND TITLE OF CERTIFIE	Bn 11	/				29c. LIC	ENSE NU	MBER		29d. DATE S	SIGNED (Month, Day, Year)
Chamber W	4							928	5	> M	erch / 1991
	~ ~ ~	1				1		1 - 0		1 . 60	

BALTIMORE, MARYL

1 - STATE REGISTRAR CFOrg. Micsili, Last)	AND MENTAL HYGIENE									
	2. OATE OF DEATH 3. TIME OF DEATH									
Hothur F. Deniamin, s.	r. 1990 1 3									
4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS	R 24 HRS. 7. DATE OF BIRTH (Month, Dey, Year) 8. BIRTHPLACE (State or Foreign Country)									
214-01-7958 N=10 87 YRS. MONTHS DAYS HOURS	April 29,1902 Maryland									
Se, EACILITY MAME (If not institution, give attent and number) 99, CITY, TOWN OR LOCATION										
11/1/2/2	e Grace Harford									
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY									
	LIMITS?									
Maryland Cecil Port Deposi 100. STREET AND NUMBER										
	21904 U.S.A.									
	OF HISPANIC ORIGIN? (Specify Yes or No									
1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cubar IF YES, GIVE WAR OR DATES 1 YES 2 NO	an, Mexicen, Puerto Rican, etc.) Black, White, etc.									
3 Wildowed 4 Olvorced	White									
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working)	16b. KIND OF BUSINESS/INDUSTRY									
Elementary/Secondery (0-12) College (1-4 or 5+)	Self-Employed									
Eight Years Plaster Contractor	Plaster Contractor									
Control of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta	HER'S NAME (First, Middle, Maiden Surname)									
Rufus J. Benjamin, Sr.	Clara R. Jackson									
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	r or Rural Route Number, City or Town, State, Zip Code)									
Carolyn B. Spencer Port Deposit, M.	Maryland 21904									
20e_METHOD OF DISPOSITION ALA Buriel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crem										
4 Donation 5 Other (Specify) Hopewell Cemetery	Port Deposit, Maryland									
Lee A. P.	22. NAME AND ADDRESS OF FACILITY Lee A. Patterson & Son Funeral Home									
23. PART I. Enter the diseases or complications that caused the deeth. Do not enter the mode of dyl	.1e, Maryland 21903									
Approximete interest alter List only one ceuse on each line. immediate CAUSE (Finel CAUSE (Finel CAUSE))										
disease or condition resulting in death)	ration + antiething Ida									
DUE TO (OR AS A CONSEQUENCE OF):	9/									
Sequentially list conditions Citie to At. S.										
Sequentielly liet conditions, If eny, leeding to immediate										
CAUSE (Disease or injury	7 60									
thet initieted events reaulting in death) LAST	7									
	given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDING									
PART II. Other aignificent conditions contributing to death but not reauting in the underlying cause of	PERFORMED? AMAILABLE PRIOR TO									
PART II. Other algnificent conditions contributing to death but not reauting in the underlying cause of	PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE									
PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause of	PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE									
PART II. Other aignificent conditions contributing to death but not reauting in the underlying cause (PERFORMED? AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF D.	PERFORMED? AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF D. EXAMINER? HOSPITAL: OTHER:	PERFORMED? 1 YES 2 JANO AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Impatient 2 ER/Outpetient 3 DOA 26. PLACE OF D OTHER: 4 Nursing Home 5 Re 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Dev. Manh.) 18. DATE OF INJURY (Month, Dev. Manh.) 19. Manh.	PERFORMED? 1 YES 2 JANO AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO DEATH (Check only one)									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 No partient 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Re 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Dey, Year) 1 Noturel 5 Pending 26. PLACE OF D. 26. PLACE OF D. 26. PLACE OF D. 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Dey, Year) 1 Yes 2	PERFORMED? 1 YES 2 JNO AMALABLE PHOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO DEATH (Check only one) Residence 6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF D. 26. PLACE OF D. 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Dey. Year) 28b. TIME OF INJURY WORK? 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be 28c. PLACE OF INJURY AT WORK? 28c. PLACE OF INJURY AT HORSE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICIDE AND A SUICI	PERFORMED? 1 YES 2 JANO AMALABLE PHOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO DEATH (Check only one) lesidence 6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED NO 28f. LOCATION (Street and Number or Rural Route Number,									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Unpartient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Re 27. MANNERO EPATH 1 Netural 5 Pending Investigation 28a. DATE OF INJURY (Month, Day, May) 28b. TIME OF 28c. INJURY WORK? 1 YES 2 28c. PLACE OF D. 26. PLACE OF D. 26. PLACE OF D. 26. PLACE OF D. 27. MANNERO EPATH 1 North, Day, May) 28b. TIME OF 28c. INJURY WORK? 1 YES 2 28c. PLACE OF INJURY At home, farm, street, factory, office	PERFORMED? 1 YES 2 NO AMALABLE PHOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO DEATH (Check only one) 28d. DESCRIBE HOW INJURY OCCURED									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	PERFORMED? AMAILABLE PHOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO DEATH (Check only one) Residence 6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED NO 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF D. A Unpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Re 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Yea) 28c. INJURY WORK? 1 Nurvetigation 3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY (Month, Day, Yea) 28e. Time of 28e. INJURY (Month, Day, Yea) 28e. PLACE OF INJURY 28e. Time of 28e. INJURY 28e. PLACE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 4 Homicide 28e. PLACE OF INJURY 28e. Time of 28e. INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 4 HOMICIAE 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE OF INJURY 28e. DATE	PERFORMED? AMAILABLE PHOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO DEATH (Check only one) Residence 6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED NO 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Impatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Re 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 8 Could not be determined 28a. PLACE OF INJURY (Month, Day, Yea) 28b. TIME OF INJURY NORK? 1 YES 2 28c. NJURY AT WORK? 1 YES 2 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the basia of axamination and/or investigation, in my opinion, death occur	PERFORMED? AMALABLE PHOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO DEATH (Check only one) tesidence 6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) e, and due to the cause(s) and menner se stated. ured at the time, date and place, and due to the cause(s) and menner as stated.									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Re 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 3 Suicide 8 Could not be determined 28a. DATE OF INJURY (Month, Day, Yea) 28b. TIME OF INJURY WORK? 1 YES 2 28c. NAJURY AT WORK? 1 YES 2 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the basia of axamination and/or investigation, in my opinion, dasth occur	PERFORMED? YES 2 NO NO									
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31. DATE FILED (Morith, Dey, Year)
FEB 26 '90

32. REGISTRAR'S SIGNATURE Fundage

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

REGISTRAR		CERTIFIC	ATE OF DI	EATH	REG.	NO.			
1. OECEDENT'S NAME (First, Middle, Lest) Arlene J	June	Boone		ì		,1990	YEAR	3:40 P.M	
4. SOCIAL SECURITY NUMBER 217 - 40 - 3857	5. SEX 6. AGE 1			URS MIN.	7. DATE OF BIRTH (Month, Day, We June 18	,1927	Counti	PLACE (State or Foreign)) ine	
90. FACILITY NAME (If not institution, give st Memorial Hosp RESIDENCE OF DECEDENT		9t	Easton	OCATION OF DE	EATH		INTY OF C		
10e. STATE 10b. COUNTY			own or Location					10d. INSIDE CITY LIMITS? 1XXYES 2 \(\square\) NO	
100. STREET AND NUMBER R.D. 2, BOX 47			101. ZIP	1658				d States	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 X NO	If yes, specify		NIC ORIGIN? (Specifi in, Puerto Rican, etc y:			E — American Indian, k, White, atc. //y: 1te	
15. DECEOENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	life. Do NOT use re	done during most of	working	16b. KIND O	BUSINESS/IN			
17. FATHER'S NAME (First, Middle, Last)			16.	MOTHER'S NA	ME (First, Middle, M.	siden Sumame)			
William		O'Brian		Velma		_		Jones	
190. INFORMANT'S NAME (Type/Print)	usband	19b. MAILING AD	ORESS (Street and N	umber or Rural	Route Number, City of	r Town, State, 2	(ip Code)		
Herbert G. Boon 20s. METHOD OF DISPOSITION 1 St Burlel 2 Cremation 3 Remy 4 Donation 5 Other (Specify)	20	b. PLACE OF DISPOSITE		y, crematory or	20	c. LOCATION -	- City or To	own, State	
		hesterfiel				Centre	ville	e, Marylan	
21. SIGNATURE OF FUNERAL SERVICE LIC	ames H Bart	on, Jr.		ton Fu	neral Ho		10	MD 21617	
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on such line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF List of the conditions, as the conditions, as the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause o									
Sequentially list collections, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significant condition	s contributing to death	but not resulting in	the underlying ca	use given in	PE	AS AN AUTOPS' REFORMED? ES 2 X NO	Y 241	D. WERE AUTOPSY FINDIN MAIL-BILE PRIOR TO COMPLETION OF CAUSI OF GEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? MOSPITAL: OTHER									
1 TYES 2 X NO	HOSPITAL: 1 ☐ Inpetient 2 XER/Ou	tpatient 3 DOA 4	THER: Nursing Home 5	☐ Residence	6 Other (Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	OF 28c. INJURY WORK? M 1 YES	2 NO	284. DEȘCRIBE NOW INJURY OCCURED				
3 Suicide 6 Could not be 4 Homicide determined	3 Sulcide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building atc. (Specify atc. (Specify and Number or Rural Route Number, building atc. (Specify atc.)								
CONSULT ONLY	CIAN: To the best of my kno R: On the basis of axaminati							s) and manner as stated	
29b. SIGNATURE AND TITLE OF CENTIFUE	Ames	A.R.		D1234		29d. D/	3.7	(Month, Day, Year)	
John R. Smith,		Centrevill		and 2	1617				
31. DATE FILED (Month, Day, Year) MAR 0 8 90	32. REGISTRAR'S SIG	HATURE	,						

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à	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-yours after death,	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer be find within 22 hours; after death with the State Dect. of Health, and Mental Hygiene prior to burlal, cremation, or removal.	MEADTAINT If them 28 is marked as from 23 shows any injury or other traumatic event the medical available
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	PHY	this with	arka c
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1	FOR STATE REGISTRAR	STATE OF M			ITMENT OF				GIENE G. NO.		
	1, DECEDENT'S NAME (First, Middle, Legt).	Dorot			la Bur	· · · · · · · · · · · · · · · · · · ·		2. DATE OF DE	28 28	8/90	3. TIME OF DEATH 7:
	4. SOCIAL SECURITY NUMBER 170-24-1706	5. SEX 1 M 2 F	8. AGE (In yrs. Is	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS :	MIN.	7. DATE OF BIR (Month, Day, 1	thar)	Cour	HPLACE (State or Foreign alry) timore MD
1	99. FACILITY NAME (If not institution, give			E	96. CITY, TOWN				9c. C	OUNTY OF	
ECTC	RESIDENCE OF DECEDENT 100. STATE 100. COUNT		CENT		Y, TOWN OR LOC				1/-1/-	100	104. INSIDE CITY
DIRECTO	Maryland Qu	ieen Ann	e's	100.01	Que	enst					LIMITS?
RAI	Rt. 1 Box 12	λ1_λ				or. ZIP CODE	658		10g. (WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT	YES 2 3		If yes,	CENDENT OF	HISPAN , Mexicar	IC ORIGIN? (Spec 1, Puerto Rican, e		- 14. RA	S.A. DE — American Indian, ck, White, etc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5 +	0	ECEDENT'S Give kind of a. Do NOT u	USUAL OCCUPAT work done during r se retired.)	ION nost of working	7	16b, KIND	OF BUSINESS	INDUSTRY	White
	8th 17. FATHER'S NAME (First, Middle, Last)			louse	wife	18, MOTH	ER'S NAI	ME (First, Middle, I	Meiden Surnam	0)	
BEC	Patrick Plat	:t								,	Buczkowski
2	190. INFORMANT'S NAME (Type/Print) Calvin C. Bur	mion	19		ADDRESS (Stree						
1	20e. METHOD OF DISPOSITION 1X Buriel 2 Cremetion 3 Ren		20b. PLACE	OF DISPO	SITION (Name of c	ernetery, crem	A story or	Ouee	NSTOW	— City or	1D 21658 Town, State
-	4 Donation 6 Other (Specify)			/	dral Ce				Baltim	cre (Co., MD
	22. NAME AND ADDRESS OF FACILITY TOM Helfenbein Funeral Homes, PA Rt. 1 Box 66B, Chester, MD 21619 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory srrest, shock, or heart isliure. List only one cause on each line. IMMEDIATE CAUSE (Final										
CERTIFICATION	disease or condition resulting in death) a. OAT COLC CA LUNG Due to (or as a consequence of): b. Due to (or as a consequence of): cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Disease or injury										
ERI	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d.										
PHYSICIAN: MEDICAL C	PART II. Other significant condition	ns contributing to	death but not	resulting	in the underly	ng cause g	iven in	F	MAS AN AUTOPPERFORMED? YES 2 NO		IIb. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
VSIC	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 6 Residence 6 Other (Specify)										
Ву РН	27. MANNER OF DEATH 26a. DATE OF INJURY 1 Netural 5 Pending 26a. DATE OF INJURY (Month, Dey, Year) 26b. TIME OF INJURY AT WORK? 1 YES 2 NO										
	2 Accident investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLETED	Condon drilly	SICIAN: To the best of ER: On the basic of e									e(e) and manner as stated.
H L	29b. SIGNATURE AND TITLE OF CENTURE	un der	~			29c. LICE	NSE NUR	IGER	29d.	DATE SIGNI	ED (Month, Day, Year)
- 1	30. NAME AND ADDRESS OF PERSON W		SE OF DEATH (IT	EM 27) (Type	e, Print)		2				
-	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	NKL	in ST	1/0	m	moul) ,	mo	21401

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TO THE HOSPITH, OR NITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FLIMERAL DIRECTURE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral directors.	be med within 72 near and geets with the State Dept. Or regulation man injury, or other traumatic event, the medical examiner must be notified at once.
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1	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	ENT OF H	EALTH AND M	ENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH			
	Alice A Booth					2 23					
,	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (III	n yrs. lest birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. E	BIRTHPLACE (State or Foreign			
	214 20 2127	1 D M 2 St F 79		THS DAYS	HOURS MIN.	(Month, Day, Year) 8-27-191		PENNA.			
B	214-38-3137		Oh.	CITY TOWN O	R LOCATION OF DEA		9c, COUNTY				
œ						••••	The Street				
2	Meridian Nur	sing Cente	r	Las	ton		Tal	bot			
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ON			10d. INSIDE CITY			
<u>E</u>	MARYLAND TA	LBOT	В	OZMAN				LIMITS?			
	10e. STREET AND NUMBER	прот			ZIP CODE		10a. CITIZEN	OF WHAT COUNTRY?			
FUNERAL				"							
y I	QUAKER NECK R				21612	C ORIGIN? (Specify Yes	U.S.	DACE American Indian			
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, spe	city Cuban, Maxican	, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.			
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ITES	1 TYES	2 ThO Specify:			Specify: WHITE			
	15, DECEDENT'S EDUC	ATION I	16a. DECEDENT'S USU	IAL OCCUPATIO	M	19b. KIND OF BU	EINESS/INDIJST	TRV .			
	(Specify only highest grade of	completed)	(Give kind of work life. Do NOT use re	done during mo	at of working	ISB. KIND OF BO	311123371113031				
"	Elementary/Secondary (0-12)	College (1-4 or 5 +)									
물	12	-x	EDUCATO	R							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					NE (First, Middle, Maiden					
BE (NELSON LE	EROY ALLEN				BEL BRUD					
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (Street a	nd Number or Rural R	oute Number, City or Tow	n, State, Zip Coo	de)			
2	FLOYD F. BOOT	H	P.O.	BOX 2	66. BOZ	MAN. MD.	2161	2			
H	20g. METHOD OF DISPOSITION		PLACE OF DISPOSITION				CATION — City				
	1 Burial 2 Cremation 3 Remo		other place)	MEMOD	TAT DAD	E DAN	IDATTO	CTOWN MD			
	21. SIGNATURE OF FUNERAL SERVICE LIC		AREVIEW		D ADDRESS OF FAC						
						NEWNAM	TFUNE	CRAL HOME			
	JOHN R	MERCE				TSON ST					
	23. PART I. Enter the diseases, or c	ompileations that caused List only one cause on a		antar tha mo	da of dying, auch	as cardiac or reap	iratory arrest	Approximata Interval Between			
- 1	IMMEDIATE CAUSE (Final							Onset and Death			
	disease or condition	SEPT	ic st	DIE							
H	resulting in death)		CONSEQUENCE OF):	// /							
_	out to fail and a condeconance of j.										
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS /	CONSEQUENCE OF):								
A	if any, leading to immediata cause. Enter UNDERLYING	3 3 3									
5	CAUSE (Disease or Injury	DUE TO (OR AS /	CONSEQUENCE OF):								
Ē	that initiated eventa resulting in death) LAST										
-		d									
	PART II. Other significant condition	contributing to death b	out not resulting in	tha underlyin	g cause given in	Part I. 24a. WAS AF	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
2	Over	uic mo	anta Q	Stan	2 oue	1 YES		COMPLETION OF CAUSE			
	- 3			0			20	OF DEATH?			
BY PHYSICIAN: MEDICAL						-		1 123 2 110			
Z							-				
3	25. WAS CASE REFERRED TO MEDICAL EXAMINERA	HOSPITAL:	18	THER:	LACE OF DEATH (Ch	ock only one)					
S	1 TES 2 NO	1 Inpatient 2 ER/Out	patient 3 DOA 4		ne S 🗆 Residence						
至	27. MANNER OF DEATH	2Sa. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 2Sc. IN.	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCUP	RED			
7	Natural S Pending Investigation	1.000.000	95-		YES 2 NO						
	2 Accident 3 Suicide 6 Could not be	28e. PLACE OF INJURY	/ — At home, farm, stre	et, factory, offic	:8	281, LOCATION (Street City or Town, State		Rural Route Number,			
Ħ	4 Homicide detarmined	building, etc. (Spe	сну)			City or lown, State	"/				
COMPLETED	256. CERTIFIER CONTINUE BUYER										
4P	Cheek unty	ICIAN: To the best of my know									
Ö	2 MEDICAL EXAMINE	R: On the passa of axamination	on and/or investigation,	in my opinion,	seath occured at the	time, data and pieca, a	ind doll to the c	cause(s) and manner as stated.			
_	246 SIGNATURE AND TITLE OF CERTIFIE	R	101		29c. LICENSE NUI	MBER	29d. DATE S	BIGNED (Month, Day, Year)			
BE (/ allhareres	3 CHOW	V WY		27	404	12-	24-70			
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE			The second			111			
	LEURENCE I), BANG	1 11	306 DL	MANUAT	1'S LANE	EAS	70N/ /WI/			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGI			,		13				
	EEE 2 6 '90	de lin to	idron Randal	0.							

MARYLAND 21203-3146 BALTIMORE, 24 hours after death. Page 6 may director exceuted within BOX 1 certificate be OF VITAL RECORDS, P.O. law requires that the death The

ottal or attending physician.

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must

examiner å medical filled in by I 20 the cremation. completely event, attending physician and con ntal Hygiene prior to burial, traumatic other 1 6 the atten signed by the any shows a has be Dept. 23 Item th the State PHYSICIAN: 0 with t marked. L OR ATTENDING P DIRECTOR: After to hours after death After death 28 Item THE HOSPITAL C THE FUNERAL D filed within 72 ho -MPORTANT

DIVISION

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30. NAME AND ADDRESS OF PERSON

31. DATE FILED (Month, Day, Year)

Margarita A. Korell, M.D.

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

ITEMS: 23, 27 per ME G-661 3-29-90 cm 90 06462 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 10 1990 SHRVOL CHRISTOPHER BURNETT 10:40 AM A SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign HOURS DAYS 215-68-4629 1 M 2 F 19 9-26-1970 MARYLAND 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Johns Hopkins Hospital BALTIMORE Baltimore 10c. CITY, TOWN OR LOCATION 10h COUNTY 10d. INSIDE CITY BALTIMORE BALTIMORE 1 X YES 2 NO 10e. STREET AND NUMBER 101, ZIP CODE 10g CITIZEN OF WHAT COUNTRY? FUNERAL 1030 N. WOLFE ST. 21205 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—if yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 □ YES 2 □ NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Merried Specify: BY 3 Widowed 4 Divorced ACTIVE DUTY BLACK SOMPLETED 15 DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16h. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 SPECIALIST U.S. ARMY 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) PAUL BURNETT SHRENE E. CHAMPLIN 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) SHRENE E. BURNETT SAME AS #10 TTEM METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or nation 3 🗆 R GARRISON FOREST VET. CEMETERY OWINGS MILLS. MD. Donation 5 - Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADORESS OF FACILITY M00091 W. W. CHAMBERS CO., RIVERDALE, MD. 20737 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) ACUTE NARCOTIC INTOXICATION DUE TO (OR AS A CONSEQUENCE OF). CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 XYES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 XYES 2 NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investige 1 Natural 1 YES 2 NO 2 Accident
3 Suicide B 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) ETED. 6) Could not be 4 Homicide COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the ba als of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner se stated. 29 SIGNATURE AND TITLE OF CHATIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE

3-11-90

OCME

111 Penn St., Balto., MD

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i examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
the funeral director, page 5 should be detached val.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	10
er death. Page 6 may be retained by the hospi	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cetificate be executed within caus after death. Page 6 may be retained by the hospi	
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	1

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM				YGIENE EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		rooke			2. DATE OF D MONTH	Ary 24,199				
	4. SOCIAL SECURITY NUMBER 519 - 16 - 4288 98. FACILITY NAME (If not institution, give s	1042 DF 7	9 YRS. MON		IF UNDER 24 HRS. HOURS MIN. PR LOCATION OF DI		(Your) 11,1911	8. BIRTHPLACE (State or Foreign Country) 9c. COUNTY OF OEATH			
стон	MAGNOLIA GIARDON	Nursing H	1/1	nhan		EATH		co Georges			
L DIRECTOR	Maryland Prin	r n <mark>ce Georges</mark>			Park			10d. INSIDE CITY LIMITS? YES 2 NO			
FUNERAL	9014 Rhode Is	12 WAS DECEDENT EVER IN	U.S. ARMED			740		U.S.A. RACE — American Indian.			
B≺	1 Never Married XX Married 3 Wildowed 4 Divorced	FORCES? 1 YES	AYES XXO		cify Cuban, Maxica	in, Puerto Ricen		Black, White, etc. Specify: Cauc.			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S USUI (Give kind of work of life. Do NOT use reti	done during mos	ON st of working	18b. KIN	D OF BUSINESS/INDUS	TRY			
MPI	8	0	Cab Dri	ver			f-Employ	ed			
	17. FATHER'S NAME (First, Middle, Last)	2	4	- 100	4-10-2		a, Maiden Surname)				
BE	Ashton Brooke 196. INFORMANT'S NAME (Type/Print)		Transaction and the		Rosa						
2						22 25	ity or Town, State, Zip Co				
	Elizabeth Broc		PLACE OF DISPOSITION			Ave.	20c, LOCATION — City	Park, MD 2074			
	1 X Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	other place)			~		The second second			
	21. SIGNATURE OF PROPERAL SERVICE LI	CENSEE	ort Linc		ID ADDRESS OF FA		Brentwoo	od, MD			
	* Kecling	1 Hours	1-				eral Hon	ne nam, MD 20706			
	23. PART J. Enter the diseases, or ehock, or heart fellure.	complications that caused List only one cause on a	the death. Do not e	nter the mo	de of dying, suc	h se cardiac	or respiratory srres	Approximate			
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	Respir	-atory	Fai	v-ey			Onset and Death			
z	DUE TO (OR AS A CONSEQUENCE OF): PULMONOTY THE FAS FOSES										
NT IS	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury hat Initiated events resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF):										
<u> </u>		d					. WAS AN AUTOPSY				
MEDICAL	PART II. Other aignificant condition	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
PHYSICIAN:											
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL HER:	ACE OF DEATH (C/	reck only one)					
IYS	1 YES 2 NO	1 Inpatient 2 ER/Outp		-	e 5 🗆 Residence	_					
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	WO	PRK?	28d. DESCRIE	BE HOW INJURY OCCUI	RED			
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, street	l, factory, offic			N (Street and Number or wn, State)	Rural Route Number,			
COMPLET	enel .	ICIAN: To the best of my know ER: On the basis of examination						ause(a) and manner as stated.			
ш	296. SIGNATURE AND TITLE OF CENTIFIE	1/17	4		29c LICENSE NU	MBER	29d. DATE S	GNED (Months Day, Year)			
0	Slent &	- ty	,		D31	001	12/	24/90			
5	STORY ADDRESS OF PERSON W	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print	1500	on bely		-	20			
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN				·					

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	TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
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31. DATE FILED (Month, Day, Year)

Julia Devidson Handall.

1	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)		CERTIF	ICATE	OF DEATH	2. DATE OF D	EATH	3	. TIME OF DEATH		
1		Dora G.	MONTH DAY YEAR 2 1 1 WE OF DEATH								
	4. SOCIAL SECURITY NUMBER 578-03-2413-A	6. SEX 6. AGI	E (In yrs. last birthday) YRS.		EAR IF UNDER 24 HRS	(Month, Day,	Year)	Country)	ACE (State or Foreign		
		01	11101	9b. CITY, TO	OWN OR LOCATION OF		4 05	Nebr			
	12/201 M. 11 R. 11/ D C										
	RESIDENCE OF DECEDENT	100,00	on H.		ver do	4 (0		hac	cryga		
	Maryland Princ	ce George's		inton	LOCATION				INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER				10f. ZIP CODE			CITIZEN OF WH	AT COUNTRY?		
	7506 Berkshire				2073			J.S.A.			
	1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	8 2 NO	13. WAS	S DECENDENT OF HIS es, specify Cuben, Mer YES 2 NO Spe	PANIC ORIGIN? (Sp ticen, Puerto Ricen, ecily:	ecify Yes or No- , etc.)	Black, \ Specify:	14. RACE — American Indian, Black, White, atc. Specify:		
	15. DECEDENT'S EDU (Specify only highest grad	UCATION	16a. DECEDENT'S	USUAL OCCU	JPATION	10b. KINI	OF BUSINESS	Cauca	slan		
	Elementery/Secondary (0-12)	College (1-4 or 6+)	ille. Do NOT u	work done duffi ise retired.)	ing most of working		\				
	12th	N/A	Homema	ker		H	ome				
	17. FATHER'S NAME (First, Middle, Last)					NAME (First, Middle	, Melden Surnam	10)			
	Unknown					cnown					
	19e. INFORMANT'S NAME (Type/Print)				Street and Number or Ru	ral Route Number, C	ty or Town, State	, Zip Code)			
	Elanders Taylor	1.			10 A-F						
	20g. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c.										
	21. SIGNATURE OF FUNERAL SERVICE L		Resurrect		ME AND ADDRESS OF	FACILITY T	Clinto	on, Mar	yland		
1	. 1141	11/1/1	7	AA. 11774	ME WIND WOOMEDO OF						
		complications that caus List only one cause on	ed the death. Do sech line,	663	33 Old Ale	exander	Ferry I	Rd CLin	Approximate interval Between		
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DIVISION OF WINE RECORDS, 1.0. BOX 1313.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the executed may be retained by the executed within 24 hours after death. Page 6 may be retained by the executed physician.	ours after death. Page 6 may be retained by the property of the physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be seen signed by the attending physician and completely filled in by the funeral director, page 5 should be seen in the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the principle of the pr	d in by the funeral director, page 5 should be the more than the burial-transit p
be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at the second state of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec	medical examiner must be notified at the same and the same and the same and the same are same and the same are same and the same are same and the same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are same are s

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DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN O	R LOCATIO	ON				10d. INSIDE CITY LIMITS?
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FUNERAL	10e. STREET AND NUMBER				101. 7	ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
EB	2629 Sykesville F	Road				211.	57		U.	S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1X YES 2 N	MED					IGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, atc.
BY F	1 Never Merried 2 Merried 3 Nidowed 4 Divorced	IF YES, GIVE WAR OR DATES	0	1 7	YES 2	NO S	pecify:	no ricen, etc.)		Specify:
									ŀ	White
E	15. DECEDENT'S EDUC (Specify only highest grade of	completed) (Gir	ve kind of	Work done	CUPATION during most	of working		16b, KIND OF BUS	INESS/INDUST	TRY
"	Elementary/Secondery (0-12)	College (1-4 or 5+)		se retired.)		rraula		2	-1- T	J
COMPLET	/	В	oay	& Fer	-	Work		Automob		austry
8	17. FATHER'S NAME (First, Middle, Last)	-1771						rst, Middle, Maiden	Sumame)	
BE		Billings				Kate				
2	19e. INFORMANT'S NAME (Type/Print)				111			lumber, City or Town		
	Mildred L. Billir		_			-		estminst		
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremetton 3 Remo	val from State other pla	rce)			stery, crematory	y or			or Town, State
	4 Donetion 5 Dother (Specify)		ingi	ield						le, MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE	/	22. I	NAME AND	HT FU	INERA	AL HOME	E (P.	O. BOX 195)
	Drian	L. Haiglet							•	795–1400
	23. PART i. Enter the diseases, or co	omplications that caused the de								, Approximate
	shock, or heart failure. L IMMEDIATE CAUSE (Finel	ist Dnly Dne cause on aach lina								Interval Batween Onset and Death
	disease or condition	CARDIOGE	()10		400	K-P	ULMI	DNARY	EDE	114
	resulting in deeth)	DUE TO (OR AS A CONSEC	DUENCE O	- 07 F):	100					017
_	-									
CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate	DUE TO (OR AS A CONSEC	DUENCE O	F):						
PAT	cause. Enter UNDERLYING									
Ĭ.	CAUSE (Diseese or injury that initiated events	DUE TO (OR AS A CONSEC	DUENCE O	F):						
	resulting in deeth) LAST	l								
	DADT II Other cignificant conditions	a contribution to death had and		to able to	al a alta da an		- In Oast I		A L CONTRACTOR	A 41 HERE ALTONOV CHINICO
¥	PART ii. Other significant conditions	Contributing to death but not r	esuiting	in the un	iderlying	ceuse give	n in Part	24a. WAS AN PERFOR		24b, WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
ă								1 🗌 YES 2	X NO	OF DEATH?
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ä			_							
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		CE OF DEATH	H (Check on	ly one)		
Si	1 TYES 2 NO	1 Inpatient 2 ER/Outpatient 3	□ DOA			5 🗆 Reside	ince 8 🗆 C	Other (Specify)		
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b, TIR	AE OF JURY	28c. INJU WOR	IRY AT	28d.	DEŞCRIBE HOW I	NJURY OCCUR	ED
BY	1 Netural 5 Pending 2 Accident Investigation			М	1 YE	ES 2 NO	o			
	3 Suicide 6 Could not be	25e. PLACE OF INJURY — At he building, stc. (Specify)	me, ferm,	street, fect	ory, office			LOCATION (Street in City or Town, State)		Rural Route Number,
	4 Homicide determined									
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowledge, de	ath occur	red at the t	lme, date e	end place, end	d due to the	cause(e) end mai	nner ee stated.	
N	ann)	R: On the beels of examination end/or	inveatigati	on, in my o	pinion, de	ath occured a	it the time,	date end place, en	d due to the c	euse(e) end manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFICE					29c. LICENSE	NUMBER		29d. DATE S	IGNED (Month, Day, Year)
BE	RIDAL	24000/1	Un						D 0	12/24/90
2	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITE	M 27) /Tm	a Print's						-/~ // /

7AS MD 900 CATON AVE BALTO. MD 21229
32. REGISTRAT'S SIGNATURE GUILD DAVIDED

BALAGTASMO

31. DATE FILED (Month, Day, Year)
FEB 26'90

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DR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within a mounts	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in b	iours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ren	the second second section of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	500							0 00.00		
	1 - FOR STATE REGISTRAR	TE OF MARYLAND / DE CERT		OF HEALTH		IENTAL HYGIEI REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) POBERT EX	PRIE BAK	ONES			2. DATE OF DEATH		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest birth			7 24 HRS.	7. DATE OF BIRTH	4-90	BIRTHPLACE (State or Foreign		
	214-10-4354	12 F 79 Y	RS. MONTHS	DAYS HOURS	MIN.	(Month, Day, Year)	1-1910	Country)		
	9s. FACILITY NAME (If not institution, give street and	number)	9b. CITY,	TOWN OR LOCATI	ON OF DEA	TH	9c. COUNTY	OF DEATH		
OR	AT HOME		5	KEJUK	15		CA	PROLL		
DIRECTOR	10a. STATE 10b. COUNTY	104	c. CITY, TOWN O	R LOCATION		/		10d. INSIDE CITY		
	MD CARE	oc - 17	4031	ILLAC	ERU	1. Sikk	SUILLE	1 PYES 2 NO		
FUNERAL	10. STREET AND NUMBER	01		10f. ZIP COD	E	/	10g. CITIZEN	OF WHAT COUNTRY?		
NEF	7403 VILLAGE				184		U	SA		
	JF 3	DECEDENT, EVEN IN U.S. ARMED INCES? 1 YES 2 NO TES, QIVE WAR OR DATES	13. \		n, Maxican	C ORIGIN? (Specify V., Puerto Rican, atc.)	ne or No 14.	RACE — American Indian, Black, Whita, etc.		
) BY	3 Widowed 4 Divorced	NAUY			opoury.			SOUHITE		
TED	15. DECEDENT'S EDUCATION (Specify only highest greate complete	(Give kir	ENT'S USUAL OC	CCUPATION during most of works	ing	16b. KIND OF BI	USINESS/INDUS	TRY		
COMPLET	Elementary/Secondary (0-12) College	n (1-4 or 3+)	INCH			TI	BELL	2		
100	12 FATHER'S NAME (First, Middle, Last)				HER'S NAM	IE (First, Middle, Maide	n Surnama)			
BE C	EDWARD E, BARNES MARY E, BARNE									
0	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
1	NEXLIE DARNES 7403 VILLAGE LOL SIKESVILLE, MO.									
	20b. PLACE OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City of Town, State other place)									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1	22.	NAME AND ADDRE	SS OF FAC	ILITY /	12301	711671		
	> Harry W.7	Hoight	1	W. aliT	Cil	Bou K	5 61	50,40,00		
	23. PART I. Enter the diseasea, or complic		Do not anter	the mode of dy	ring, auch	aa cardiac or rea	piratory arreal			
	ahock, or heart failure. List on immediate cause (Final	y one cause on each line.						Intarval Between Onset and Death		
	disease or condition a	3 ronchoge DUE TO (OR AS A CONSEQUEN	nic	CAR	ein	VOMA		13mo		
		DUE TO (OR AS A CONSECUEN	NCE OF):							
NO	Sequantially list conditions, b.	DUE TO (OR AS A CONSEQUEN	ACE OED:							
ATI	if any, leading to immediate cause. Enter UNDERLYING	DOE TO (ON AS A CONSECUEN	VCE OF J.					i		
RTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQUEN	NCE OF):							
CERT	resulting in death) LAST									
-	PART II. Other significent conditions contr	ibuting to death but not resul	iting in the un	derlying cause	given in F	Part I. 24s, WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS		
EDICAL						PERF	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MED							- G	OF DEATH?		
PHYSICIAN:		PITAL:	OTHER	26. PLACE OF I	DEATH (Che	ck only one)		-		
HYS		patient 2 Sel/Outpatient 3 Sel. DATE OF INJURY 28	DOA 4 Num	28c, INJURY AT	esidence (8 Other (Specify) 28d, DESCRIBE HOW	IN RIEW OCCUR	250		
	1 Natural , 5 Pending	(Month, Day, Year)	INJURY M	WORK?	□ NO	Lud, DESCRIBE NOW	HISORY OCCUP	TELS		
D BY	2 Accident Investigation 3 Suicide 6 Could not be	Se. PLACE OF INJURY — At home, in building, etc. (Specify)	form, street, fact	tory, office		28f. LOCATION (Street		Rural Route Number,		
LETEI	4 Homicide determined					City or Town, Stat	-,			
IPLE		the best of my knowledge, death o	occurred at the t	ime, data and plac	e, and dus t	to the cause(a) and m	anner as stated.			
COMP	one) 2 MEDICAL EXAMINER: On th	e basis of axamination and/or inves	stigation, in my o	opinion, death occu	red at the t	time, data and place,	and due to the c	cause(s) and manner as stated.		
BE C	296 SIGNATURE AND TITLE OF CERTIFIER	Acaus		29c. LIC	ENSE NUM		29d, DATE S	IGNED (Month, Day, Year)		
-	Controlledy N	Cycling.			820		IPO	1 4190		

MINSTER

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32. REGISTRAR'S SIGNATURE
Gula Davidson-Randall

FEB 26'90

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-3-yours after death. Page 6 ma	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	be filed within 72 hours after death with the State Depti, of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must	
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FOR STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIEN					
1. DECEDENT'S NAME (First, Middle, L		rown			2. DATE OF DEATH	AY YE	3. TIME OF DEATH 0 12:55 P			
4, SOCIAL SECURITY NUMBER 2 17-44-2105 9a. FACILITY NAME (If not institution, g	5. SEX 6. AGE (In yrs. last 1 \(\frac{1}{2} \) M 2 \(\triangle \) F 85			IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DI	7. DATE OF BIRTH (Month, Day, Year) 11/28/04		BIRTHPLACE (State or Foreign Country) Dakota OF DEATH			
Berlin Nursi	ng Home		Berlin				ester			
10a. STATE 10b. CO			y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?			
10e. STREET AND NUMBER P.O. Box 17		1006		y 1. ZIP COOE 2 1 8 4 2		10g. CITIZEN	1 YES 2 NO			
11. MARITAL STATUS 1 Naver Merried 2 Merried 3 Widowed 4 Olyorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	S 2 F NO	If yes, sp	CENDENT OF HISPAI	NIC ORIGIN? (Specify Ye In, Puerto Rican, atc.) y:	e or No— 14.	USA RACE — American Indian, Black, White, etc. Specify: White			
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)	EDUCATION	(Give kind of v	usual occupation work done during more retired.)	ost of working	Hotel/		urant Owner			
17. FATHER'S NAME (First, Middle, Last James H.		NOZEKU.	tartey mys	18. MOTHER'S NA	ME (First, Middle, Meider de Matthew	Surname)	drane Owner			
19a. INFORMANT'S NAME (Type/Print) Paul F. Brow	vn	19b. MAILING	Box 172	and Number or Rural	Route Number, City or Tow City, Md.,	vn, State, Zip Co	de)			
20e, METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) Sunset Memorial Park Benlin, Md.										
22. NAME AND ADDRESS OF FACILITY Ullrich Funeral Home Berlin, Md.										
shock, or heart felting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	disease or condition resulting in death) a. CARDO RESPONDENCE OF): Due TO (OR AS A CONSEQUENCE OF): COROL PARA CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):									
PART II. Other algnificant cond	itiona contributing to deet	in the underlyin	g cauae given in	PERFO	4a. WAS AN AUTOPSY PERFORMED? YES 2 NO 24b. WERE AUTOPSY FII AMALABLE PRIOR COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF COMPLETION OF DEATH?					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1										
27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJUF (Month, Day, Yes	RY 26b, TIM	IE OF 28c. IN.	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	ED			
2 Accident Investigat 3 Suicide 6 Could no 4 Homicide datarmine	be 28e. PLACE OF INJU	IRY — At home, farm, s		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
	HYSICIAN: To the best of my kr						ausa(s) and manner as stated			
29L SIGNATURE AND TITLE OF CERT		7	71	29c. LICENSE NU D 0 2 0 2	мшен	29d. DATE S	IGNED (Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON Federico G.	Arthes, M.	D. #	3 Bay	St., Be	rlin, MD					
31. DATE FILED (North Day 169)	32. REGISTRAR'S SI	GNATURE Javidson-Rano	lell							

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DIVISION OF VITAL RECORDS, F.O. BOA 13146,	A	NA NA	
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2+ nours after death. Phys 6 images	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filed in by the furning dimeses as the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remines	
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	1 - STATE REGISTRAR	SIAIE OF N				E OF			MENTAL I	REG. NO.				
	1. DECEDENT'S NAME (First, Middle,				0	2			2. DATE OF MONTH	OEATH DAY	٧	EAR	3. TIME OF OEATH	
- 6	Roger	н.			DWALER =				FEBR			90	1808	М
- 7	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest b		IF UNDE			MIN.	7. DATE OF BIRTH T		7	Country,		ign
	215-20-1408									/190	1	Maryland		
~	9e. FACILITY NAME (If not Institution				9b. CIT	Y, TOWN O	R LOCATI	ON OF DE	EATH		9c. COUNTY	OF DE	HTA	
DIRECTOR	PENINSULA GEN	ERAL HOSPIT	AL		5	SALIS	BURY				WICC	OMIC	00	
EC	100. STATE 10b. COUNTY			10c. CIT	ry, Town	OR LOCAT	ON						10d. INSIDE CITY	
5	Maryland Somerset				inc	ess	Ann	е					LIMITS?	10
A	10a. STREET AND NUMBER					101.	ZIP COD	E			10g. CITIZEI	OF W	HAT COUNTRY?	
UNERAL	Fleming Mill	Road				2	185	3			US	SA		
E C	11. MARITAL STATUS 1 Never Merried 2 Merried Wildowed 4 Divorced	FORGERS 4	T EVER IN U.S. ARME YES 2 NO AR OR DATES	ED .	13	WAS DECI If yes, spe 1 YES	city Cube	en, Mexice	NIC ORIGIN? (5 in, Puerto Rici y:	Specify Yes o	or No — 14			1,
	15. DECEDENT (Specify only highes	S EDUCATION				OCCUPATIO			18b. KI	ND OF BUSI	NESS/INDUS		WILLCC	
	Elementary/Secondary (0-12)	College (1-4 or 5	Him D	NOT u	work gone	during mos	it or workii	ng						
COMP	7		Farn	ner										
8	17. FATHER'S NAME (First, Middle, Li								ME (First, Mide		umame)			
85	Rufus A. Bu								Puse					
9	19e. INFORMANT'S NAME (Type/Prin								Route Number,					
	Lynwood Butl	er										Anne, Md.2185		185
0	1 Buriel 2 Cremation 3 4 Open 5 Other (Specific		20b. PLACE OF other place)				metory or						
Э	21. SIGNATURE OF FUNERAL SERV		- DUCLE	; T	Cemetery Pocomoke, Md.							Ma.		
	Watson & Melson Funeral Home													
	PO BOX 64, POCOMOKE, Md. 21851 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate													
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) • Congestive Leart Failure DUE TO (OR AS A CONSEQUENCE OF): Atleroselorotic Cordiocalcular disease year good CAUSE (Disease or Injury that initiated events resulting in death) LAST Onset and Death Joy DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. Hypercal ceruse Possible Multiple Myelome 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 [W NO OF DEATH? 1 VES 2 [W NO OF DEATH?									AVAILABLE PRIOR TO	USE			
A	25. WAS CASE REFERRED TO MEDI					26. PL	ACE OF C	DEATH (Ch	eck only one)			_	111	
Sic	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHE		5 🗆 R	esidence	6 Other (S	ipecify)				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF (Month, L	INJURY	28b. TH		28c. INJ					JURY OCCUI	RED		
BY F	1 Natural 5 Pendin	9	ray, roury		M		ES 2 [_ NO						
0	3 Suicide 6 Could determine	building.	OF INJURY — At home atc. (Specify)	, ferm,	street, fa	ctory, office				ON (Street an Town, State)	nd Number or	Rural R	oute Number,	
COMPLET		PHYSICIAN: To the best of											and manner as ats	ited.
BE	29b. SIGNATURE AND TITLE OF CE	798 K.J.	nackis	-			29c, LIC	76	MBER 86		29d. DATE 8	IGNED	(Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED COL	OF DEATH (ITEM	27) (Typ	e, Print)	m	0. 6	2180	160	GAL	IFIA	101	(Month, Day, Your) -90 AKIS	
6	31. DATE FILED (Month, Day, Year)	'Qn SZ. REGISTRY	IN S SIGNATURE	-Pa	ndell	- 1 10		1,	100	A LOE				

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146

3	1 - STATE REGISTRA
	1. DECEDENT'S NA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	ATE OF	DEATH	RE	G. NO.				
	1. DECEDENT'S NAME (First, Micidie, Linst)	a l'e			2. DATE OF D	DAY	YEAR 3.	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In your 1002-28-1172 1 1 M 2 F 81		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day, 2/23	FITH (bar)	-	ACE (State or Foreign		
OR	90. FACILITY NAME (If not institution, give street and number) HAR-FORM Memorial Hosp	1121 1	CITY, TOWN OF	LOCATION OF DEA		9c. COL	INTY OF DEAT			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCATIO	ON			10-	d. INSIDE CITY		
0	Maryland Harford	Abe	rdeen	ZIP CODE		10- 00	1 I	YES 2 NO		
FUNERAL	20 Aberdeen Ave.		110.0	21001	U.	.S.A.				
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:	2 X NO	If yes, spec	NDENT OF HISPANIC City Cuben, Mexican, 2 (2) NO Specify:	, Puerto Rican,		14. RACE — Black, W Specify: White	Americen Indien, Thite, etc.		
TED	(Specify only highest grade completed)	(Give kind of work the Do NOT use ret	done during most		18b. KINI	OF BUSINESS/IN	DUSTRY			
COMPLETED	Elementary/Secondary (0-12) Coffege (1-4 or 5+)	Homemake			In h	ome				
S	17. FATHER'S NAME (First, Middle, Lest) Charles Leighton			Mary T		, Malden Surname)				
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADI	ORESS (Street an	d Number or Rural Ro		ty or Town, State, Z	ip Code)			
2	Mary Jones	20 Al	perdeen	Ave.,	Aberde	en, Md.	2100	1		
	1 💢 Burial 2 🗋 Cremation 3 🗆 Removal from State 4 🗆 Donation 5 🔾 Other (Specify) Har	ALACE OF DISPOSITION (Name of cometer); cremetary or the place) rford Memorial Gardens Aberdeen,						1,1111		
	21. SIGHATURE DE PRIMERIAL SERVICE LICENSISEE		Tarri Aberd	ng-Cargo een, Md.	Funer 2100	al Home 1-3399	, P.A.			
	23. PART I. Enter the diseases, or complications that caused the shock, or heart feliure. List only one cause on each		enter the mod	le of dying, such	as cardiac	or respiratory s	rrest,	Approximate Interval Between		
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Pulmonary Oldoma. Due to (or as a consequence of): ASCVD. & acute M.I									
z	DUE TO (OR AS A CC	UP.	& ac	ute M	Γ .			2 days.		
ATIO	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	AYHAT	Med		-					
CERTIFICATION	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CO		47)	1						
CER	resulting In death) LAST									
	PART II. Other eignificent conditions contributing to death but	not resulting in t	he underlying	cause given in i	Part I. 24a	WAS AN AUTOPSY PERFORMED?	AM	ERE AUTOPSY FINDINGS WILABLE PRIOR TO		
PHYSICIAN: MEDICAL					- 110	YES 2 NO	OF	DMPLETION OF CAUSE F DEATH?		
Σ.					-		''	YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Opposition 2 ER/Outpetit	o	26. PL	ACE OF DEATH (Che	ck only one)					
HYS	27. MANNER OF BEATH 28a. DATE OF INJURY	28b. TIME O	F 28c. INJU			BE HOW INJURY O	CCURED			
ВУ Р	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY		RK7 ES 2 NO						
	3 Suicide 6 Could not be 4 Homicide 6 Could not be determined	At home, farm, stree	it, factory, office		261. LOCATIO City or To	N (Street and Numb wn, Stete)	er or Runal Rout	te Number,		
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examination a							nd manner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER B-PA	REKH H (ITEM 27) (Typo, Pri	mo.	D 184	24		TE SIGNED (M 2-21-			
Ĕ	30. NAME AND ADDRESS OF BERSON WHO COMPLETED CAUSE OF DEATH	908	TARFOI	RD RD	, 14	KLSTON	MD.	21047.		
	FEB 26 '90 32. REGISTRAR'S SIGNATI									



	DECEDENT'S NAME (First, Middle, Last A. SOCIAL SECURITY NUMBER	ackson 5	avvai	CK i	Jv.	2. DATE OF MONTH	ão 19	90	GOOP			
	218-34-6374	1 X M 2 🗆 F 50	in yrs. last birthday) YRS.	MONTHS DAYS	7	7. DATE OF (Month, D) 8-18			NGTON, D			
ECTOR	98. FACILITY NAME (If not institution, of 1315 WILSON ROAD RESIDENCE OF DECEMENT	e atreet and r mber)			F, MARYLA							
DIR	10a. STATE 10b. COU	RLES		ALDORF	ATION		10d. INSIDE CI LIMITS? 1 XX YES 2 [
FUNERAL	1315 WILSON ROAD				20602		US US		COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced		FORCES? 1 A YES 2 NO If yes, specify Cui				specify Yea or No	4. RACE — Black, WI Specify:	American Indian, hite, etc.			
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 12TH GRADE			vork done during i e retired.)	TION Troot of working		CIALIST.	STRY				
ш	17. FATHER'S NAME (First, Middle, Linst) VERNON J. BARRACI		st, Middle, Malden Surname) E LAYTON									
must be notified TO B	190. INFORMANT'S NAME (Typo/Print) JOAN A. BARRACK	7044 4 040044					G ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 15 WILSON RA. WALDORF, MARYLAND 20602					
	299. METHOD OF DISPOSITION 1 Å Burist 2 Cremetion 3 R 4 Donation 8 Other (Specify)	emoval from Stats	PLACE OF DISPOS	ITION (Name of	semetery crematory or	20c. LOCATION — City or Town, Stats CHELTENHAM, MARYLAND						
	1 N Burisi 2 Cremetion 3 Removal from State CHELTENHAM CEMETERY CHELTENHAM, MARYLAND 21. Submarune of Fundad Removal From State THE HUNTT FUNERAL HOME, INC. WALDORF, MARYLAND 20604											
	23. PARTY. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AF A CONSEQUENCE OF):								Approximate Interval Betw Onset and De			
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS A	CONSEQUENCE OF	ን ։			-					
ERTIFICATION	If any, leading to immediate	c	A CONSEQUENCE OF									
MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	C. DUE TO (OR AS A	CONSEQUENCE OF	ŋ:	ing cause given is		a. WAS AN AUTOPSY PERFORMED? YES 2 NO	CO OF	VILABLE PRIOR TO			
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significant condit	d	CONSEQUENCE OF	in tha underly	ing cause given in	_ 1	PERFORMED?	CO OF	MPLETION OF CAUS DEATH?			
HYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	DUE TO (OR AS A d ilona contributing to death b HOSPITAL: 1 Inpetient 2 ER/Outs 28e. DATE OF INJURY	A CONSEQUENCE OF	28. OTHER: 4 Nursing H	PLACE OF DEATH (Come of Residence	heck only one) 8 Other (S	PERFORMED? YES 2 NO Decity)	CO OF 1	MLABLE PRIOR TO MPLETION OF CAUS DEATH?			
D BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A d. Iona contributing to death b HOSPITAL:	outlent 3 DOA	28. OTHER: 4 □ Nursing H E OF 280. URY M 1 □	PLACE OF DEATH (Come of Residence NJURY AT WORK?	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PERFORMED? YES 2 NO Decity) BE NOW INJURY OCCU	AW CO OF 1 [NILABLE PRIOR TO MPLETION OF CAUS DEATH? YES 2 NO			
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE, (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A d. Iona contributing to death b HOSPITAL:	put not resulting I	28. OTHER: 4 Nursing H E OF	PLACE OF DEATH (C) Ome \$\frac{1}{2}\text{Residence} \\ NJURY AT \\ NORK? YES 2 \square NO \\ fice	8 Other (S 28d, DESCR 28f, LOCATI	PERFORMED? YES 2 NO Decify) IBE NOW INJURY OCCU ON (Street and Number of own, State)	AMP CO OF 1 [NLABLE PRIOR TO MPLETION OF CAL DEATH?			

Julia Tavidson-Randelle

ONMN-16 Rev 1/89

	1. DECEDENT'S NAME (First, Middle, Las)								
	Downthill	Breitern	mn			2. DATE OF DE	DAY C	# 3	1. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR		8. BIRTHPL Country)	ACE (State or Foreign
730	102-03-2519	1 🗆 M 2 🔀 🖡	YRS.	MONTHS DAYS	HOURA MIN.	O4/12	110	8800	KLYUN.
No.	9a. FACILITY NAME (If not institution, give	street and number)	1/Ctv	Sh. CITY, TOWN O	R LOCATION OF DI	EATH	9c. COUN	TY OF DEA	1 mode
E	RESIDENCE OF DECEDENT	CITACULA	11 (11.1	MILL	THOUS)	I F (I)	ET	TRUITE
DIRE	100. STATE 10b. COUN	Prund	OI AN	TOWN OR LOCAT	ION				INSIDE CITY LIMITS? YES 2 NO
. 10-	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITI		IAT COUNTRY?
FUNERAL	124 Hearne	E Ct.			4401		10	DA	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 TYPES IF YES, GIVE WAR OR	2 NO	13. WAS DEC	ENDENT OF HISPAI ecity Cuban, Mexica 2 X NO Specific	n, Puerto Ricen,	etc.)	14. RACE -	- American Indian,
D BY	3 Widowed 4 Divorced							V	Maile
ETED	15. DECEDENT'S EU (Specify only highest gra Elementary/Secondary (0-12)		The Do NOT us	vork done during mo	st of working		M E	USTRY	
COMPL	12		HOMEN	MAKER		770	712		
	17. FATHER'S NAME (First, Middle, Last)	1 4111/			ETHE	ME (First, Middle,	Majden Surname)	-	
BE	19a, INFORMANT'S NAME (Type/Pdnt)	LYNN	19b. MAILING	ADDRESS (Street a	and Number or Rural				4
2	JOSEPH BRE	EITERMAN	V 124 H	EARNE	ECT. F.	1PT2/	GUNAR	KIS/	MD 214
	20s METHOD OF DISPOSITION 1 Description 2 Comments 3 Recognition 2 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Recognition 3 Reco	2	ob. PLACE OF DISPOS pother place)	SITION (Name of cer	metery, crematory or		20c. LOCATION —	City or Town	n, State
	4 Donation 5 Other (Specify)	egcenses)	YLLCRES	22. NAME A	TERY ND ADDRESS OF F	CILITY	MUNICH	0.05	4 2140
	1/V-16. 8	1/2	.)	TAY	LOR F	ONIRI	OF H	1	ASLIS M
					C2/11// 1	2			
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· MASS	A CONSEQUENCE OF		C2//U//E				
L CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS	A CONSEQUENCE OF	n):	g cause given in	1 Part I. 24a.	WAS AN AUTOPSY,		
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	A CONSEQUENCE OF	n):	g cause given in		WAS AN AUTOPSY PERFORMED? YES 2 1 NO		AVAILABLE PRIOR TO
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS DUE TO (OW AS	A CONSEQUENCE OF	F): In the underlyin 26. P	g cause given in	1_	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
SICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	b. DUE TO (OR AS DUE TO (OWAS d. Lona contributing to death HOSPYAL: 1 Limpatient 2 = ER/O	but not resulting	in the underlyin 26. P OTHER: 4 □ Nursing Hon	LACE OF DEATH (C	heck only one)	PERFORMED? YES 2 1 NO		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	but not resulting	26. P OTHER: 4 Nursing Hon BE OF 28c. IN. W	LACE OF DEATH (C	heck only one)	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be der	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
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FOR STATE REGISTRAR	STATE OF MARY		TMENT OF			NO.		004	
1. DECEDENT'S NAME (First, Middle, Lest) Russell	Brown				2. DATE OF DEA	ď8	96"	3. TIME OF OEATH	
4. SOCIAL SECURITY NUMBER 219-62-8143	1-M 2 - F	(In yrs. last birthday) 35 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT		Country)	sbury, MD	
9a. FACILITY NAME (If not institution, give s Line Road, R			96. CITY, TOWN	OR LOCATION OF DI	EATN		UNTY OF DEATH Vicomico		
106. STATE 106. COUNT De. New	Castle		r town on Loc ilming to					10d. INSIDE CITY LIMITS?	
10e. STREET AND NUMBER			1	DI. ZIP CODE		10g. Cl	1 YES 2 KNO		
1 Denny Rd	L			19809			.A		
1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 Ty YES			NIC ORIGIN? (Spec in, Puerto Rican, e y:		14. RACE - Bleck, Specify	- American Indian, White, etc. White		
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S (Give kind of v life. Do NOT us Auto Tec	vork done during n e ratired.)		of Business/in				
James F. Brown				Joan E.					
Joan M. Brown				end Number or Rural Wilmingt			(ip Code)		
20e. METHOD OF DISPOSITION 1 & Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	ob. PLACE OF DISPOS	Mome of a	molecu emmelenu er	2	c. LOCATION -		n, State	
23. PART I. Enter the diseases, or shock, or heart fellure.	CEBHART CO	ed the death. Do n	New	nart Fune Castle & ode of dying, suc	Claymon	nt, Del	aware	Approximate interval Between Onset and De	
Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS	A CONSEQUENCE OF	ን:	ion			100	8.	
PART II. Other significant condition	ne contributing to deeth	but not reculting (in the underlyi	ng cause given in	P	RS AN AUTOPSY ERFORMED? YES 2 NO		WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (C/	neck only one)				
1 VES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY	7 26b. TIM	E OF 26c. If	Me 5 Residence JURY AT ORK? YES 2 NO	28d. DESCRIBE				
3 Suicide 6 Could not be determined	building, etc. (St	RY — At home, farm, socilly) ine Road		ice	201. LOCATION (City or Town, Delma	State)	er or Aurel Ac		
and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	ICIAN: To the best of my kno					nd manner as st	ated.		
29b. SIGNATURE AND TITLE OF CERTIFIE	beley !	Deputy M		29c. LICENSE NU DO 359		29d. DA		Month, Day, Year)	
THE ALL MODITEDS OF PERSON WI	O COMPLETIED CHASE OF I	revita friem 51) (JAbe)	rimi)						
John T. Bulke	ley, M.D.	- 504 E		Avenue	- Sal	isbur	y, Ma	ryland	



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TO BE COMPLETED BY FUNERAL DIRECTOR

b-		E	-	-
BALTIMORE, MARYLAND 21203-3146	in proving after death. Page 6 may be retained by the hospital or attending physician.	ely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit nation, or removal.	, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within accurs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal:	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Mark

31. DATE FILED (Month, Day, Year) FEB 2 2

'90

- SIAIE	STATE OF MARYLAI	ND / DEPART						0 00110
1. DECEDENT'S NAME (First, Middle, Last) FI_ORENC	Œ	Baster	AIE O	- DEATH	2. DATE OF I	EG. NO.	WEAR 10	3. TIME OF DEATH
	□ M 2 Ø F	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		-1915	Count	w York
Peninsula General				sbury	EAIR	111111111111111111111111111111111111111	.comi	
Maryland Somer	rset			uarter				10d. INSIDE CITY LIMITS? 1 YES 2 NO
10o. STREET AND NUMBER 11. MARITAL STATUS 12	. WAS DECEDENT EVER IN U	I.C. ADMED		01. ZIP CODE 21820 ECENDENT OF HISPA		Ţ	J.S.	WHAT COUNTRY?
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes,	specify Cubin, Mexico	en, Puerto Ricar	n, etc.)	Spec	E — American Indian, kk, White, etc. city: White
15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12) 1 2	ION 1 Inploted) College (1-4 or 5+)	(Give kind of wo life. Do NOT use	retired.)	FION nost of working	16b. KIN	D OF BUSINESS/IN	DUSTRY	
17. FATHER'S NAME (First, Middle, Last) OWEN Murphy				Anto	inett		The second second	
Mr. Walter Basl				end Number or Rural			(ip Code)	
20e. METHOD OF DISPOSITION 1 []/ Burlel 2 Cremetion 3 Removat 4 Donation 5 Other (Specify)	1 1	other place)	boov (emetery, cremetory or ceme terv		Pr. Ar		
21. SIGNATURE OF FUNERAL SERVICE LICENS	_ L MO	0295	Hir Pri	and address of FA nman Fun ncess A	eral	Md. 218		
23. PART Enter the disesses, or com shock, or heart failure. Lief IMMEDIATE CAUSE (Finel	t only one cause on esc	ch line.			ch se cardisc	or respiratory s	rreat,	Approximata interval Between Onset and Death
disesse or condition resulting in death) s	DUE TO (OR AS A C	OUALU CONSEQUENCE OF	rau	muc				hour
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A C	ONSEQUENCE OF):	all					geaux
that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):	*					
PART II. Other significent conditions of	Contributing to death but	t not resulting in	the underly	ing csuse given in		PERFORMED? YES 2 100	24	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 1 NO
	IOSPITAL:		OTHER:	PLACE OF DEATH (Commo 8 - Reeldence		necify)		
27. MANNER OF DEATH Wetural 5 Pending Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY 1	NJURY AT WORK? YES 2 NO	28d. DESCRI	BE HOW INJURY O	CCURED	
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY – building, etc. (Specif)	At home, farm, str	reet, factory, of	fice		ON (Street and Numb own, State)	er or Rural	Route Number,
one)	N: To the best of my knowled On the basis of examination of							(e) and manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO C	Speaker	urb		29c. LICENSE NU	108	29d. DA		D (Month, Day, Year)

32. REGISTRABIS SIGNATURE

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or atten	TO THE FUNEAAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene phor to burial, cremation, or removal.	IMPORTANT It isom 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	TE OF MARYLAI	ND / DEPARTM			MENTAL HYGIENE REG. NO.				
	DECEDENT'S NAME (First, Middle, Lest) LE	NORA B.		RAD!	SH AW	2. DATE OF DEATH MONTH DAY	f	3. TIME OF DEATH		
		M 2 💢 F 8	7 YRS. MON	UNDER 1 YEAR ITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01-03-03	Count	HPLACE (State or Foreign ny) Cyland		
ECIOR	98. FACILITY NAME (If not institution, give street end PENINSULA GENERAL H RESIDENCE OF DECEDENT		96.	SALIS	BURY		COUNTY OF DEATH WICOMICO			
DIREC	10e. STATE 10b. COUNTY MD Somers	et		own on Locat			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 🔏 NO			
FUNERAL	E. Chesapeake	Ave.		101	21817		10g. CITIZEN OF	WHAT COUNTRY?		
BY FUR	11. MARITAL STATUS 1	J.S. ARMEO 2 X NO ES	If yes, sp		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	Biac	E American Indian, k, White, atc. iiy: White			
CELED	15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College	(Give kind of work the, Do NOT use ret	done during mo tired.)	DN st of working	16b. KIND OF BUS					
COMPLE	unknown unkn 17. FATHER'S NAME (First, Middle, Lest) Robert H. Golds		Housewi	rie		ME (First, Middle, Maiden S				
0 25	190. INFORMANT'S NAME (Type/Print) Frances Goldsbo				nd Number or Rural F	Route Number, City or Town		21817		
	20 METHOD OF DISPOSITION 1 A Burisi 2 Cremation 3 Removal fro 4 Donation 5 Other (Specify)	m Stete	other place)	idge Memorial Park Crisfield, MD						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ruled : 73	ent ben	\sim	22. NAME AND ADDRESS OF FACILITY Bradshaw & Sons Funeral Home 306 W. Main St Crisfield, MD						
MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart feilura. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cardia bull or conditions of the conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): A. Cardia bull or conditions of the cause of the conditions of the conditions of the conditions of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of t									
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		1 - STATE REGISTRAR	STATE OF N					DEAT		MENTAL HYGIEI REG. NO			
		1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH		YEAR 3.	TIME OF DEATH
		MARY K. BEAN 4. SOCIAL SECURITY NUMBER	5, SEX	8. AGE (in yrs. les		= 10000		er touch		FEBRUARY 7. DATE OF BIRTH		1990	07:37 A ^M ACE (State or Foreign
		215 16 4630	1 ☐ M 2 🙀 F	80	YRS.	IF UNDER	DAYS	NOURS 1	MIN.	(Month, Day, Year) 03/13/190		Mary	yland
1		9e. FACILITY NAME (If not institution, give et	reet end number)	00		9b. CITY	, TOWN O	R LOCATIO	N OF DE			TY OF OEAT	
()) 5	SACRED HEART HOS	PITAL			CU	MBER	LAND	, MD		ALLE	EGANY	
	DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	R LOCATI	ION			10-	d. INSIDE CITY	
2	H H	MARYLAND ALL	EGANY		FF	ROSTBURG						1]	LIMITS?
permi	3AL	10e. STREET AND NUMBER					101.	ZIP CODE					T COUNTRY?
46 physician. burial-transit	FUNERAL	167 MAPLE S	TREET 12. WAS DECEDEN	T EVER IN II C AR	MED	10		2153		IIC ORIGIN? (Specify Y		S.A.	American Indian,
46 physic burial-		1 Never Merried 2 Merried	FORCES? 1	YES 2 X	10		1 yes, spe		, Mexica	n, Puerto Ricen, etc.)	or No.	Black, W Specify:	/hite, etc.
21203-3146 tal or attending physician. for use as the burial-trar	BY	37 Widowed 4 Divorced	<u> </u>					Λ					WHITE
or afte	ETED	15. OECEOENT'S EOUC (Specify only highest grade	completed)	(G	CEOENT'S ive kind of a Do NOT us	work done in the retired.)	CCUPATIO during mos	N st of working	9	16b. KIND OF B	USINESS/INDU	STRY	
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MARYLAND 2: e retained by the hospital e 5 should be detached to	once.	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NA	ME (First, Middle, Meide	n Sumeme)		
	#	JOHN KEIL	ING							BELLE D			
MARYL be retained by ge 5 should be	TO BE	190. INFORMANT'S NAME (Type/Print) PATTY HAWKINS										²¹⁵³	2
0 0	2	20e. METHOD OF DISPOSITION	- 33	20b. PLACE	OF DISPO						OCATION — C		
ORE, e 6 may rector, pa	must	1 X Buriel 2 Cremetion 3 Remo	oval from State	FRO		JRG	MEM	ORIA	L P	ARK F	ROSTB	URG,	MD
BALTIMORE, I er death. Page 6 may be the funeral director, page val.	examiner	22. NAME AND ADDRESS OF FACILITY SOWERS FUNERAL HOME 60 W. MAIN ST. FROSTBURG, MD 2153											
BA after of by the imoval.		23. PART I. Enter the diseases, or o	compilections that	t ceused the de	ath. Do							_	MD 2153.
or re		shock, or heart feliure. List only one ceuse on each line.											Interval Between Onset and Death
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OF VIT PHYSICIAN: this certifical with the St	P F	27, MANNER OF DEATH 1 Return 5 Pending	28e. DATE OF (Month, L	FINJURY Day, Year)	28b. TIN	JURY		URY AT PRK? YES 2	3.00	28d. DESCRIBE HOV	INJURY OCC	URED	
		2 Accident Investigation 3 Suicide S Could not be	28e. PLACE C	F INJURY — At he	me, farm,	street, lec] NO	281. LOCATION (Street		or Rural Rout	te Number,
ISI TTEN TOR:	H	4 Homicide S Could not be determined	building	etc. (Specify)						City or Town, Sta	te)		
OR DIRE	MPLET	[Ornor Gray	CIAN: To the best o	l my knowledge, de	eth occur	red at the 1	time, dete	end place,	end due	to the ceuse(e) end m	nenner ee state	rd.	
HOSPITAL FUNERAL WITHIN 72	ANT: II	one) 2 MEDICAL EXAMINE	R: On the basie of e	examination end/or	Investigati	on, in my	opinion, d	eath occur	ed at the	time, date end piece,	end due to the	ceuse(e) ar	nd manner as stated.
물 물 물	5 8	29b. SIGNATURE AND TITLE OF CENTIFIED		2.0				29c. LICE	NSE NUI	MBER	29d. DATE	SIGNED (M	lonth, Day, Year)
222	2	30. NAME AND ADDRESS OF PERSON WH			M 27) (Tvp	e Print)		ע	114	17		-0/9	U

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CLARENCE J. VINCENT 909-B SETON DR

31. DATE FILED (Month, Day, Year)
WAR 0.2.1990

909-B SETON DRIVE

32. REGISTRAR'S SIGNATURE

CUMBERLAND, MD

21502

DHMH-18 Rev 1/89

,

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within Servicurs after death. Page 6 may be retained by the hospital or attending physician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	th the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumetic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior I	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other trau

31. OF TENT OF (Month, Day, Year)

	1 - FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF I			YGIENE EG. NO.	90	06478
	1. DECEDENT'S NAME (First, Middle, Last)		1	BYPD		2. DATE OF I	DEATH DAY	YEAR 3.	TIME OF DEATH
	40	SEX 6. AG	IE (In yes, last birthday) 83 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De			NCE (State or Foreign
OR	99. FACILITY NAME (If not institution, give street PENINSULA GENERAL			96. CITY, TOWN	OR LOCATION OF DI	4.	9c. COUN	OMICO	Н
DIRECTOR	100. STATE HOLD COUNTY WICOMI	ICO	10c. CIT	Y, TOWN OR LOCA SALISBUR	тюн RY				d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	RTE. 2, BOX 36, V	WEST RD.		10	1. ZIP CODE 21801		10g. C[T]	SA OF WHA	T COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	R IN U.S. ARMED ES 2 NO 1 DATES	If yes, sp	CENOENT OF HISPAI Decify Cuban, Mexico 3 2 NO Specif	n, Puerto Ricer		14. RACE — Black, W BLACK	American Indian, hite, etc.
COMPLETED	15. DECEDENT'S EDUCATI (Specily only highest grade con Elementery/Secondary (0-12) GRADE 15. DECEDENT'S EDUCATI	ON	16e. DECEDENT'S (Give kind of life. Do NOT u. LABOREF	USUAL OCCUPATI work done during me se retired.)	ON ost of working		D OF BUSINESS/IND	USTRY	
	17. FATHER'S NAME (First, Middle, Last) SAMUEL BY	RD			18. MOTHER'S NA	AME (First, Middl EMI)	n, Maiden Surneme)		
TO BE	190. INFORMANT'S NAME (Type/Print) CLARA BYRD		ADD.	SAME AS	ABOVE	Route Number, C	City or Town, State, Zip	Code)	
	20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)		SPRINGHIL	SITION (Name of co L MEMOR	Y GARDEN		20c. LOCATION — (ON, MI	
	21. BIGHATURE OF FUNERAL SERVICE LICENS LOTATE B. C.	olley		JOL	LEY MEMO	RIAL C	HAPEL SALISBURY	, MD.	21801
	23. PART 1. Enter the diseases, or come ahock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Septil	sed the daeth. Do n each line.	not enter the mo					Approximate Interval Between Onset and Deatl
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		S A CONSEQUENCE O						
CERTIF	that initiated events resulting in death) LAST	50E 10 (6h A	3 A CONSEGUENCE U	···).					
PHYSICIAN: MEDICAL	PART II. Other significant conditions of	ontributing to deat	h but not resulting	in the underlyin	g cause given in		WAS AN AUTOPSY PERFORMED?	AM CC OF	ERE AUTOPSY FINDINGS ARLABLE PRIOR TO EMPLETION OF CAUSE OBATH? YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		OTHER:	LACE OF DEATH (C)				
	27. MANNER OF DEATH 1 Natural 5 Pending	26a, DATE OF INJUR (Month, Day, Yea	ry 28b. Til	E OF 28c, IN	JURY AT ORK? YES 2 NO		BE HOW INJURY OCC	CUREO	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJU- building, etc. (S	JRY — At home, farm, Specify)	street, factory, offic	00	28f. LOCATIO City or To	ON (Street end Number own, Stete)	or Rural Rout	e Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C								nd manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CENTIFIER	ey ,	no		29c, LICENSE NU	MBER 7 9	29d. DATI	SIGNED (M	onth, Day, Year)
1/4	30/NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF	DEATH (ITEM 27) (Type	a las b	ury.	md	SIA	0)	*

3 should	1
SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. In the State Dept, of Health and Memtal Hygines physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Memtal Hygines phorito burial, correctional or removal.	PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-trans be filled within 72 hours after death with the State begins of Health and Mental Augment prior to busing or removal. The removal of the page 6 should be a filled on the page 6 should be a filled on the page 6 should be a filled or the page 6 should be a filled or the page 6 should be a filled or the page 6 should be a filled or the page 6 should be a filled or the page 6 should be a filled or the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 should be a filled by the page 6 s	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

HEB 1 6 -90

	(First, Middle, Last)				_	DEATH		REG. NO			3. TIME OF DEATH
	LENA	MAESHOR	?T		Bist	200	MON	TH D	13- 11	YEAR 991	4:45 a.
4. SOCIAL SECURITY	NUMBER		. AGE (In yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH		6. BIRTH	IPLACE (State or Foreign
219-05-8	8996	1 🗆 M 2 🕡 F	84	YRS.	MONTHS DAYS	HOURS MIN.	JU	JL 9" 4",	1908	FR	ÄNKFORD, DI
9a. FACILITY NAME (#	not institution, give s	street and number)		- 4	96. CITY, TOWN	OR LOCATION OF 1	DEATH		9c. COU	NTY OF D	
PENINSUL RESIDENCE OF		AL HOSPITA	L		SALI	SBURY			WI	COMI	CO
10a. STATE	10b. COUNT			10c. CITY	, TOWN OR LOCA	ATION					10d. INSIDE CITY
MD.	MO	RCESTER		SNC	WHILL						LIMITS?
10e. STREET AND NUM	ABER 2 HEARNE	CIDEET			1	Of. ZIP CODE					WHAT COUNTRY?
	Z HEARNE					21863				JSA	
11. MARITAL STATUS 1 Never Married	2 Married	12. WAS DECEDENT FORCES? 1	YES 2 N		If yes, a	CENDENT OF HISP pocify Cuben, Maxic	en, Puerto	IN? (Specify Yes Ricen, atc.)	or No—		E — American Indian, k, White, atc.
3 Widowed 4		IF YES, GIVE WA	R OR DATES		1 TYE	S 2X NO Spec	etty:			^s Bl	ĽACK
	DECEDENT'S EDU				USUAL OCCUPAT		16	b. KIND OF BU	SINESS/IND	USTRY	
Elementary/Second		College (1-4 or 5+)	life.	Do NOT us	e retired.)	root or working		HOLICEI			
			DI	DMEST	IL			HOUSEK		۲	
17. FATHER'S NAME (FI	Irst, Middle, Lust) JRTON SHI	ORT				16. MOTHER'S N		Middle, Maiden			
19a. INFORMANT'S NA			196	MAILING	ADDRESS (Street	and Number or Rura				Code	
OSIE O. H			27	730 N	, ROSEC	ALE STRE	ET,	BALTIM	ORE,	MD.	21216
20a. METHOD OF DISP	POSITION	and to a State	20h BLACE	or niegoe	ITION (Norm of a	emetery, crematory or			CATION —		
4 Donation 6 0		loval from Stata	Oliver pie	EVER	GREEN				BERL	IN,	MD. 21811
21. SIGNATURE OF PUR	NERAL SERVICE LI	CENSEE	55631		22 NAME	Y MEMOR!	ACILITY	HAPFI	RTF	2	BUX 930
* Lu	rella.	B Cm	Plen		SALIS	BURY, ME	21	801	1111	4,	DOX 720
		List only one cause	e on such line.								
immediate cause disease or condition resulting in deeth)		e. Sep	DR AS A CONSEC	UENCE OF):						
disease or condition resulting in deeth)	on -	· Ner	ral f	a.lu	ne						
disease or condition resulting in deeth) Sequentially list could any, leading to in	onditions,	b. Ner DUE TO (C	Tal f	EL. LU	ne						
disease or condition resulting in deeth) Sequentially list could any, leading to in cause. Enter UNDE CAUSE (Disease or	onditions, mmediate :RLYING	b. Ner DUE TO (C) R ~ C	ral f	EL. LUENCE OF	nl):						
disease or condition resulting in deeth) Sequentially list could any, leading to it cause. Enter UNDE	onditions, mmediate EALYING r injury	b.	of as a consequence	TUENCE OF	nl):						
disease or condition resulting in deeth) Sequentially list could any, leading to incause. Enter UNDE CAUSE (Disease or that initiated event resulting in deeth)	onditions, mmediate ERLYING r injury	b. Remove to (c. Property (c. Due to (c. Due to (c. U. A. d.	OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS A CONSECUTION OF AS	DUENCE OF):):						Onset and Date
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FUNERAL	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co	After	this	certifica	te ha	as b	need	signe	d b	the	atten	ding	physic	cian	and	S

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TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director and according to the asset of the according to the funeral director.	e filed	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner muntal and any mea.
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					2. DATE OF DEAT	DAY	YEAR	TIME OF DEATH
A. SOCIAL SECURITY NUMBER	Margaret V	Virginia In yrs. lest birthday)	Benner	IF UNDER 24 HRS.	Februar			7:00 A
219-42-1686	1 - M 2 7 F 45		MONTHS DAYS	HOURS MIN.	Dec. 14	1944	Mary.	
428 Girard Street,				or LOCATION OF O	EATH	100	ntgome:	
IOe. STATE 10b. COUNTY	tgomerv		y, town on Local		- 1-7			LIMITS?
428 Girard Street		ua.		Of. ZIP CODE	20877		ted St	COUNTRY?
	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	If yes, s	CENDENT OF HISPA specify Cuban, Mexico S 2XXNO Specif	NIC ORIGIN? (Speci an, Puerto Rican, et	Ify Yes or No-	14. RACE — Black, Wi	American Indien, hite, etc.
15. DECEDENT'S EDUCAT (Specify only highest grade co		life. Do NOT us	work done during n	nost of working		B. M.		100
17. FATHER'S NAME (First, Middle, Last) George Lentz	2	Compact	of milary	16. MOTHER'S NA	AME (First, Middle, M Sauble			
99. INFORMANT'S NAME (Type/Print) Shawn Benner				and Number or Aural treet, #3				20877
20e. METHOD OF DISPOSITION Suriel 2 X Cremetion 3 Remove Donation 5 Other (Specify)	Su	other place) uburban (Cremator 22. NAME	AND ADDRESS OF F	Si		pring,	Sume Maryla
23. PART I. Enter the diseases, or op-	· Cu	100827	933	Funeral Gist Aver	nue, Silv	ver Spr	ing, M	
shock, or heart failure. Lie IMMEDIATE CAUSE (Finel	at only one cause on a	ach line.				reapiratory a	reat,	Approximate interval Betw Onset and De
disease or condition resulting in death) a	Metastatio	Adenoc		a of righ	nt lung			1 year
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Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE O	₽ 7:					
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A			ng cause given in	n Part I. 24a, W	AS AN AUTOPSY		RE AUTOPSY FINOI
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NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Frint)

32 REGISTRAR'S SIGNATURE
Julia Davidson-Amdall

James A. Brown, M.D.

31. DATE FILED (Month, Day, Year)

Rockville, MD

14800 Physicians Lane, #232

20850

DHMH-16 Rev 1/89

permit. Pages 1, 2, 3 should By ME

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. Ale

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burial-transit permit. Pages 1, 2, 3 should

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTA	L HYGIENE				
	1. DECEDENT'S NAME (First, Middle, Last) Anna M. Beard					2. DATE MONT	OF DEATH DAY	90	AR	TIME OF DEATH	M
	4. SOCIAL SECURITY NUMBER 219-42-6924 9a. FACTLITY NAME (If not institution, give s	10 M 2 77 94		IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN C	IF UNDER 24 HRS. HOURS MIN. PR LOCATION OF DE	7. DATE (Mont	of BIRTH th, Day, Year) -29-95	8. 8	BIRTHPLA Country) Mary	land	gn
TOR	Carroll Luthern	Village		Westm	inster	Md/		Car	rrol	1	
DIRECTOR	10a. STATE 10b. COUNT	rroll		stminste						INSIDE CITY LIMITS? YES 2 NO	0
	100. STREET AND NUMBER 200 St Luke Circ	cle		101	21157			-		T COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, spe	ENDENT OF HISPAR ecity Cuban, Maxica 2 N. NO Specifi	n, Puerto			RACE — Black, W Specify:	American Indian, thita, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		life. Do NOT use	rork done during mo	DN st of working	161	n/a	NESS/INDUST	RY		
BE COM	17. FATHER'S NAME (First, Middle, Last) Samuel Ellsworth	h Engler	110111	J.1102. O Z	16. MOTHER'S NA					7	
TO B	19a. INFORMANT'S NAME (Type/Print) Hazel B. Guyer		13070	Welty	Road,		nesbo:	ro, P	A		
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	noval from State	other place) ipe Cre	eek Cem	etery		20c. LOC	ion to			
	21. SIGNATURE OF FUNERAL SERVICE LI	Pritts, Sr	•	Pritt	o ADDRESS OF FA	ral					M
NC	23. PART I. Enter the dieeesee, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions.	s. APTE (2) DUE TO (OR AS A	USCLF CONSEQUENCE OF	Potic						Approximate interval Bett Onset and D	ween
CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF	•							
MEDICAL C	PART II. Other algnificant condition	na contributing to deeth b	out not resulting i	in the underlying	g ceuse given in	Part I.	24a. WAS AN A PERFORM 1 YES 2	MED?	CC	ERE AUTOPSY FIND MAILABLE PRIOR TO OMPLETION OF CAU F DEATH?) USE
AN:	25. WAS CASE REFERRED TO MEDICAL			26. Pi	ACE OF DEATH (C)	heck only o	me)				_
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	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIMI INJ	URY WO	URY AT ORK? YES 2 NO	28d, DE	SCRIBE HOW IN	JURY OCCUR	ED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26s. PLACE OF INJURY building, atc. (Spec	— At home, farm, s			261. LO C/h	CATION (Street as or Town, State)	nd Number or I	Rural Rou	të Number,	
COMPLET	(Oriect orie)	SICIAN: To the best of my know ER: On the basis of axeminatio							ause(a) a	nd manner as stat	led.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	Welle	~ m.s	2	D 114	MBER † 9	6	29d. DATE SI	GNED (M	G-40)
F	DAMELI	HO COMPLETED CAUSE OF DE	IEN Y	Print) U13	902 WES	TM	nst.	Ten	or	10 211	15
	MAR 1 - '90	32 ALGUSTHUR'S SIGN	mandell						,		- 4

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	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	TO BE COMPLETED BY	
еха	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa	IMPORTANT: If item 28 is man	
-	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	be filed within 72 hours after death	
e fun	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun	TO THE FUNERAL DIRECTOR: After	4
dead	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat	TO THE HOSPITAL OR ATTENDING A	

	REGISTRAR 1. DECEDENT'S Numb (First, A	Middle, Last)	1 D. L	Ben.	nett				2, DATE O	REG. NO.		YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBE		5. SEX 6. AGE	(In yrs. last b	YRS, WONTH	ER 1 YEAR	IF UNDER	9 24 HRS.		Day, Year)		Country)	CE (State or Foreign
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DIRECTOR	Holy Cro	oss He	ospital					Spi				nt g ome	
EC		10b, COUNTY		T	10c. CITY, TOW!	OR LOCA	TION					100	I. INSIDE CITY
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Z	10e. STREET AND NUMBER					10	f. ZIP COO	E			10g. CITIZE	N OF WHA	T COUNTRY?
FUNERAL		nd Hil					2090					S.A.	
- 0	11. MARITAL STATUS 1 Never Married 2 No No No No No No No No No No No No No		12. WAS DECEDENT EVER FORCES? 1 TO YES IF YES, GIVE WAR OR I	2 NO		If yes, sp	ecify Cube		n, Puerto R	? (Specify Yes ican, etc.)	or No— 1	Black, W	American Indian, hite, atc. White
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	ahock, or he iMMEDIATE CAUSE (Fina		ist only one cause on	each line.	,				1				Onset and Death
	disease or condition											48 lus	
	Tooling III dodding		DUE TO (OR AS	A CONSEQU	ENCE OF):								:==/
5	Sequentially list condition	ons. b	PNEUMO	NIA	AND	2	BYS	12					48 MS
CATION	if eny, leading to immed cause. Enter UNDERLYIN	liate	DUE TO (OR AS	A CONSEOU	ENCE OF):								
	CAUSE (Disease or injur		OUE TO (OR AS	A CONSEQU	ENCE OF):								
CERTIFI	resulting in deeth) LAST	r II.,											
CE	DART II OH - III								T			T	
MEDICAL	PART II. Other significan	nt conditions	contributing to death	but not res	suiting in the	underiyir	ng cause	given in	Part I.	24a. WAS AN PERFOR	MED?	AM CO DF	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION DF CAUSE F DEATH? YES 2 NO
									_				7)
SICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEOICAL					LACE OF	DEATH (Ch	eck only on	e)			
S	1 TES 2 NO		HOSPITAL:	itpatient 3	DOA 4 1		me 5 🗆 F	lesidence	6 🗆 Other	r (Specify)			
PHY	6-	Pending	28a. DATE OF INJURY (Month, Day, Year)		26b. TIME OF INJURY M	W	JURY AT ORK? YES 2	□ NO	28d. DES	CRIBE HOW I	NJURY OCCI	JRED	
ВУ	2 Accident	nvestigation											

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. WATE FILED MOTHET 20 10 90

29d, DATE BUSINED (Month, Day, Year)

29c. LICENSE NUMBER 34032 141

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AN: Th	tificate	e State	r Item
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R ATTE	RECTOR	urs afte	m 28
ITAL OF	RAL DI	72 hou	If He
E HOSP	E FUNE	d within	RTANT
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attended.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be netilised at once.

STATE	OF MARYL	AND / DEPARTMENT OF HEALT CERTIFICATE OF DE	
Last)	N	Bernk	2. OATE OF DEATH MONTH DAY

	1. DECEOENT'S NAME (First, Middle, Last) 2. OATE OF DEATH 3. TIME OF DEATH													
- 1	mar	,se	Berak				MONTH DAY YEAR 2 23 90				1025 AM			
- 1				6. AGE (In yrs.	lest birthday)	IF LINDER		IF UNDER		7, DATE OF BI	IRTH (Mar)		. BIRTH	PLACE (State or Foreign
	152 40 7555 1□M2XF 80				YRS.	MONTHS	DAYS	HOURS	MIN.	Jan.	25,	191 q	Wa	shington,DC
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)	1 /	/	9b. CITY	r, TOWN	OR LOCATI	ON OF DE	ATH	/	9c. COUNT	Y OF DE	Арт
DIRECTOR	adon.	Na	ven	6,17	000	7	à/K	oh	2.2	Pav	/C	11.0	my	(pomery
5	RESIDENCE OF DEC	10b. COUNT	,		10c CIT	Y, TOWN	OR LOCAT						1	And INSIDE CITY
<u> </u>			nce Georg	~ ~									Ĭ	LIMITS?
	Maryland 100. STREET AND NUMBER	III	nce Geory	ge	пу	atts		r. ZIP COD	F			10a CITIZE	N OF W	HAT COUNTRY?
FUNERAL	1604 Ers	kino	Street				"	207				US		
W	11. MARITAL STATUS	KIHE	12. WAS DECEDEN	T EVER IN II S	ARMEO	13	WAS DEC			IIC ORIGIN? (Sp	acity Year	-		— American Indian,
	1 Never Married 2	Married	FORCES? 1 IF YES, GIVE W	YES 2			If yes, sp	ecity Cubi		n, Puarto Rican.			Black	, white, etc.
ВУ	3 Wildowed 4 ☐ Divo	erced	N 120, GIVE N	AN ON DAILS				2 23 110	оросну	4			upoun	y,
ED	15. DEC	EDENT'S EDU y highest grade	CATION completed	16a.	DECEDENT'S (Give kind of	USUAL O	CCUPATIO	ON ast of worki	ina	16b. KINS	D OF BUSI	NESS/INDU	STRY	
E	Elementary/Secondary (I		College (1-4 or 5 -	-)	ille. Do NOT u	se retired.)	Gornig III	201 01 110111				_		
MPI	1-12		2 ye	ars	Sec	reta	ıry			N	avy	Dept.		
COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)						18. MOT		ME (First, Middle				
BE			ke Nyce,	Sr.					Leck		ance			
0	19a. INFORMANT'S NAME (Route Number, Co				
	Benjamin B		,3rd.			_				ts., M		20782		
	20a: METHOD OF DISPOSIT 1 □ Burial 2 🏋 Crematic	n 3 🗆 Rem	oval from Stata	othe	CE OF DISPO	wy con						ATION - CI		wn, State
	4 Donation 5 D Other		reutes /	- Me	tropol					CILITY			IIIa	, VA.
	. 1//	/	11/	11						Funera				
	1/1/1	11/1	Kina	lde		11	1800	N.H.	. Ave	e., Sil	.ver	Sprin	ıg.	Md. 20904
	23. PART I. Enter the change shock, or a	seases, or	complications the List only one cau	t coused the	deeth. Do	not ente	r the mo	ode of dy	Ing, auc	h es cerdiec	or respir	atory arre	mt,	Approximate Interval Between
- 1	IMMEDIATE CAUSE (FI		1)			,		1		1	Onset and Death
	disease or condition resulting in death)	\rightarrow	· MC	wto	-/ 1.	e CP y	DIV	19.	601	YA	VY	es	<u> </u>	
			DUE TO	(OR AS A CON	SEQUENCE C	F):		- 4		g-	,			
8	Sequentielly list condit	Sequentially list conditions, Out of the day of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence o												
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CERTIFICATION	CAUSE (Disease or Injutation that initiated events		C. OUE TO	(OR AS A CON	ISEOUENCE C	OF):								
	resulting in death) LAS	т	4											
			u.							<u> </u>			_	
MEDICAL	PART II. Other algolifica			death but n	ot resulting	In the u	nderiyin	ig cause	given in	Part I. 24e	PERFORI		24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
8		on	\sim							10	YES 2	DINO		OF DEATH?
¥										- 1				1 TES 2 NO
PHYSICIAN:														
5	25. WAS CASE REFERRED 1	TO MEDICAL	HOSPITAL:			OTHE	-	LACE OF	DEATH (Ch	eck only one)				
KS	YES 2 NO		1 Inpatient 2						Rasidenca	8 Other (Sp				
	27. MANNER OF OEATH 1 Natural 5	Pending	26a. OATE OF		28b. Til	ME OF	W	JURY AT ORK? YES 2	NO	26d, DESCRIE	BE HOW IN	JUHY OCCI	JHED	£ 1
BY	2 Accident	Investigation	280 BLACE (F INJURY — A	bome fami	of cond day			EVNO	261. LOCATIO	N (Strant o	nd Number	S Burnel	Pouts Number
	3 Suicide 6 4 Homicide	Could not be determined	building	atc. (Specify)	11		otory, on	CW		City or To	wn, State)	ch -		406-11
H	29a. CERTIFIER					ne						MIN	25 ()	Comment of the second
MP	(Check only		ER: On the best of											a) and manner as stated.
COMPLETED				Manufaction and	or investigati	ion, in my	opinion,				piace, and			
BE	296. SIGNATURE AND TITL	OF CERTIFIE	1		20)	29c. LIC	CENSE NU	MBER	- 1	29d. DATE	SIGNEC	(Month, Day, Year)
2	The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa	E DEDOCTION	HO COURT TO	SE OF SE	12,0	0.7-0	-	10	0	7776		10	16	23/79
	30. NAME AND ADDRESS O			. /				0.10	Dood	, Silve	02 0-	rinc	M	1
	JO. 31, DATE FILED (Month, Day)		Rogers, N	1D ar's signatur		19 5	emin	ary	RUAG	, 211/	er of	or Ting	, 110	.1 •
		6,90		a Davids		600								
	120 4	- 00	1	- 11 m (1/6/9	611									

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1	•	FOR STATE REGISTR	AR
П.		ECEDENT'S	MAI

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CER	TIFICA	TE OF	DEATH	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Last)									3. TIME OF OEATH
1	William	Howard	Bowen J			Jr.	MONTH DAY			10:08 P. M
			(In yrs. last birti		NOER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		90 8. BIRTH	IPLACE (State or Foreign
	216-54-0780	XM 2 F	40 Y	RS. MONT	THE DAYS	HOURS MIN.	(Month, Day, Yea		Countr	(γ)
	9a. FACILITY NAME (If not institution, give stree	t and averbad	40	- 05	OVEN TOWN	OR LOCATION OF DE	Aug. 22		INTY OF D	ennsylvania
~				90.				9c. COI		
2	The Memorial Ho	spital			Ct	mberland	l .		Alle	gany
<u>ස</u>	10a, STATE 10b, COUNTY		10	c CITY TO	WN OR LOCAT	ION				10d. INSIDE CITY
E	Maryland Gar	rett	1 2		aklan					LIMITS?
	100. STREET AND NUMBER	Tett				. ZIP CODE		40 - 00		1 YES 2 X NO
RA	Completion of Complete				100			10g. CI		WHAI COUNTRY?
9	Rt. 5 Box 285					21550			USA	
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 1 Never Married 2 Married	2. WAS DECEDENT EVER I FORCES? 1 ∑ YES			13. WAS DEC	ENDENT OF HISPAN ecity Cuben, Mexica	IIC ORIGIN? (Specifi n, Puerto Rican, etc.	Yes or No-	14. RACI Black	E — American Indian, k, Whita, etc.
≿	3 Wildowed 4 X Divorced	Vietnam	OR DATES 1			2XXNO Specify			Spec	ην: √hite
				I			1			Allite
	15. DECEDENT'S EDUCAT (Specify only highest grade co	mpleted)	(Give iti	ent's USUA nd of work o	AL OCCUPATE lone during mo ad.)	ON at af working	16b. KIND OF	BUSINESS/IN	DUSTRY	
	Elemantary/Secondary (0-12)	College (1-4 or 5+)								
₽ I		3+	Carpenter/Staff Sgt. Con					ructio	on/ A	rmy
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Me	iden Sumame)		
BE	William Howa	ird Bo	owen	Sr		Alice	Pri	scill.	a	Collins
5	19a, INFORMANT'S NAME (Type/Print)		19b, MA	ULING ADD	RESS (Street a	and Number or Rural I	Route Number, City or	Town, State, Z	ip Code)	
F	Alice P. Moyer			Rt. 5	Box 2	285 Oak1	land, Mar	vlnad	2155	50
	20s. METHOD OF DISPOSITION	20	b. PLACE OF D			metery, cremetory or		LOCATION -		
	1 ☼ Burial 2 ☐ Cremation 3 ☐ Remove 4 ☐ Donation 5 ☐ Other (Specify)	al from State	Rocky Gap VA Cemetery Cumberla						and	Maryland
	21. SIGNATURE OF FUNETIAL SERVICE LICEN		22. NAME AND ADDRESS OF FACILITY						7	
	B. M. D	Stewart Funeral					•			
	- scowey 1	Sp. Maria								l, MD 21550
- 1	23. PART I. Entar tha diseases, or cor ahock, or heart fallure. Lis			Do not e	nter the mo	de of dying, suc	h as cardiac or r	espiratory a	rrest,	Approximate Interval Between
- 1	IMMEDIATE CAUSE (Final								Onset and Death	
	disease or condition resulting in death)	ries								
- [DUE TO (OR AS A CONSEQUENCE OF):									
z										
은	Sequentially list conditions, If any, leading to immediate									
8	cause. Enter UNDERLYING CAUSE (Disease or Injury									
드	that initiated events	DUE TO (OR AS	A CONSEQUEN	ICE OF):						
E	reaulting in death) LAST									
PHYSICIAN: MEDICAL CERTIFICATION	PAUT II Other elepiticant conditions	contributing to death i	hard most manual	Man in th		- come charale	Print I are un	S AN AUTOPS		West Altonov Funda
₹	PART II. Other significant conditions	contributing to death i	out not resul	rung in ur	e underlyin	g cause given in	PE	FORMED?	AWAILABLE PRIOR TO	
음							— XXY	S 2 NO		COMPLETION DF CAUSE OF DEATH?
뿔										1XXYES 2 - ND
ä										
8	25. WAS CASE REFERRED TO MEDICAL.	HOSPITAL:				LACE OF DEATH (Ch	eck only one)			
Š		□ Inpatient 2 ER/Out	patient 3 🗆 E		HER: Nursing Hon	te 5 🗆 Residence	6 Other (Specify)			
ξl	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28	b. TIME OF		JURY AT	28d. DESCRIBE H	OW INJURY O	CCUREO	
BY F	1 Natural 5 Pending 2 Accident Investigation	3-1-90	9	:29P			pedestri	an str	ruck	by auto
	3 Suicide 6 Could not be	28e. PLACE OF INJUR	Y — At home,	farm, street	, factory, offic	:0	28f. LOCATION (S	reet and Numb		_
핃	4 Homicide datermined	building, etc. (Spe	roa	ad			Rt. 495	Rt. 495, Garrett Co., Md.		
COMPLETED	29a. CERTIFIER	AN . To also be as a first from	4.4. 4.4.				<u> </u>			
MP	2 Mixedical examiner:	AN: To the best of my know								
8	/ / /		OIL BEHAVIOR STORES	regulatoric, in	my openon, i	poetri ticcurera et tre	torns, came area prac	e, and our to	the cause;	aj ano manner na statas.
BE	296. BIGNATURE AND FITLE OF CERTIFICE	the state of		1		29c, LICENSE NUI	MILER	29d. D/		(Munit, Day, Year)
10 8	July V	audin N	N	,		OCM	E	•	3-	3-90
F	30. MATHE AND ADDRESS OF PENSON WHO		EATH (ITEM 27		Brandon and an	per management	OH CASSIN	0.000		
	/ Julia C. Goodin	, M.D.		111 1	Penn S	t., Balt	o., Md.	2120)1	
1	31 DATE FILEE TOPE DOWN TOWN	32. REGISTRAR'S SKY	NATURE 5	2						
	7 7 70	76-90-554	diam.	spire/III						



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OF VITAL RECORDS, P.O. BOX 13146	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w
DIVISION	ATTENDING
5	OB
_	HOSPITAL

								90 06484		
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTM ERTIFICA			MENTAL HYG REG.		20 00404		
	1. DECEDENT'S NAME (First, Middle, Last) HAZEL K. Be	ard				2. DATE OF DEAT	23 9	YEAR 0930 M		
	4. SOCIAL SECURITY NUMBER 220-56-8524	5. SEX 1 M 2 F 6. AGE (in yrs. lest	YRS. MON		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ve.	08 1	BIRTHPLACE (State or Foreign Country) Aaryland		
TOR	ANNE ALUNCE RESIDENCE OF DECEDENT	Medical CENT	er t	WNA	POSIS	EATH	ANNE	ARUNDEL		
DIRECTOR	Maryland Anne	Arundel		WN OR LOCAL Edgew				10d. INSIDE CITY LIMITS? 1 TYES 2 NO		
FUNERAL	100. STREET AND NUMBER 3739 Clydesda	le Road		10	21037		10g. CITIZE	USA		
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 IN IF YES, GIVE WAR OR DATES	MED 10	If yes, op	CENDENT OF HISPAN ecity Cuben, Mexice 2 NO Specify	n, Puerto Rican, etc		4. RACE — American Indian, Black, White, etc. SpeciWhite		
PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secaptery (0-12)	Completed) (Gi	CEDENT'S USU ive kind of work Do NOT use ret Homem	done during mo ired.)	ON asl of working		lome	STRY		
BE COMP	17. FATHER'S NAME (First, Middle, Last) Allen Hampton Moreland Alma Grace Ireland									
10	198. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Patricia Ann Wood 3749 Muddy Creed Rd. Edgewater, Md. 21037									
	20e. METHOD OF DISPOSITION 1 Durial 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometer), cremetory or other place) Davids on ville Meth. Cem. Davids on ville									
	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Taylor Funeral Chapel Annapolis, N									
	23. PART I. Enter tha diseesee, or cr ahock, or haart failure. L	omplicatione that caused the de list only one cause on each line	eth. Do not o	entar the mo	ode of dying, suc	th as cardiec or	eapiratory arres	Approximata Interval Between Onset and Daath		
	disease or condition reaulting in death) DUE TO (OR AS A CONSEQUENCE OP)									
LION	Sequentially list conditione, if any, leading to immediate	DUE TO (OR AS A CONSEC	"erel	ral	AR.	700	\			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEC	A CONSEQUENCE OF):					2		
	PART ii. Other aignificant conditions	contributing to death but not r	recuiting in ti	he undarlyin	g cause given in	Part I. 24a. W	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
DICA							RFORMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
K: ME								1 YES 2 NO		
ICIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPIPAL:		THER:	LACE OF OEATH (Ch					
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 ER/Outpatient 3 26a. DATE OF INJURY (Month, Dey, Year)	26b. TIME OF	28c. IN	JURY AT ORK? YES 2 NO	6 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED				
TED BY	2 Accident Investigation 3 Suicide 8 Could pet Be 4 Homicide determined	26e. PLACE OF INJURY — At he building, etc. (Specify)	- At home, farm, street, factory, office			261. LOCATION (Street end Number or Rural Route Number, City or Town, State)				
COMPLETED	CONDON DINY	CIAN: To the best of my knowledge, de R: On the bests of examination end/or								
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	- C. C.llia	m	W	29c. LICENSE NU	MBER	29d. DATE	SIGNED (Moreth, Days, Year)		
5	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLES OF DEATH ATE	M 27) (Time Del	w /	7. 0			1 114 1		

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31. DATE FILED (Month)

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EB 2 6

1990 June Dandson Randelle

BALTIMORE, MARYLAND 21203-3	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be relained by the hospital or attending	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
	STUDIES I	y filled in t
13146,	pacuted within	and completely burial, crema
BOX	ificate be e	physician one prior to
P.O.	death cert	attending ental Hygie
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	equires that the	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the i hours after death with the State Dept. of Heath and Mental Hyglene prior to burial, cremation, or removal.
ITAL B	AN: The law re	State Dept. c
OF V	PHYSICIA	r this certi
NOISINI	OR ATTENDING	DIRECTOR: After lours after death

HOSPITAL

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle. 2. DATE OF DEATH 3. TIME OF DEATH OZ An 9.37 6. AGE (by yes, liest birtholey) IF UNDER 1 YEAR IF UNDER 24 HTML. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreig DAYS gurago COUNTY OF DEATH CITY, TOWN OF LOCATION OF DEATH DIRECTOR RESIDENCE OF DECEDENT 10a, STATE 10d. INSIDE CITY JOMITS? VES 2 NO FUNERAL 10e. STREET AND NUMBER WHAT COUNTRY? Q 140 MM 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE --- American Indian, Black, White, etc. FORCES? 2 X NO FORCES? 1 YES 2 If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY Widowed 4 Divorced BLACK COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade or Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) JAMES BOOTH LILLIAN CAROLL notified at BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 235 B FARRGUT CT. APT. 106 ANNAPOLIS, MD. 21403 CLYDE B. BOOTH must be 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State N Burial 2 Cremation 3 Removal from State MARYLAND VETERAN CEMETERY CROWNSVILLE, MARYLAND ☐ Donation 6 ☐ Other (Specify) _ examiner WEST ST. ANNAPOLIS, ML. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 821 WILLIAM REESE & SONS MORTUARY, P.A. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory errest, Approximata shock, or heart failure. List only one cause on sech line interval Between **Doset and Death** IMMEDIATE CAUSE (Finel the diaease or condition event, resulting in death) DUE TO (OPPLATE) CONSEQUENCE OF traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) other DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST injury, or PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 TYES NO OF DEATH? 1 YES 2 NO has by Dept. PHYSICIAN: r certificate h 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 TES 2 000 4 🗆 Nural ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY 28c, INJURY AT WORK? marked, 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED INJURY Natural 5 Pending м 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY --- At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 40 6 Could not be determined DIRECTOR: A hours after d COMPLETED 4 Homicide Item 29a. CERTIFIER TO CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated FUNERAL (within 72 h TANT: # # TO THE HOSPITA
TO THE FUNERAL
Be filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(s) and manner as stated. VRE AND TITLE DE CERTIFIER 39b. SIGNA 29c. LICENSE NUMBER 29d, DATE SIGNED (More BE

MPLETEO CAUSE OF DEATH (ITEM 27) (Type,

DHMH-16 Rev 1/89

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funeral d		xamine
DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	r removal.	Hem 28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM			MENTAL HYGIEN REG. NO.	E			
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	н	
,	Francis Leo Be	alger				03-02-9		0825	AM	
ï		SEX 6. AGE (In yrs. i	iest birthday) IF I	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Fon		
	070-05-9326 1	≥ KM 2 □ F 7 9	YRS. MON		HOURS MIN.	(Month, Day, Year) 04-03-10	В	Country) Uffalo, N		
or I		90. COOK1	TOT DEATH							
DIRECTOR	Anne Aruno RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	Ann	Anne Arundel							
DIR	MD Anne	Arundel	Edgev					LIMITS?		
¥.	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?		
FUNER	3538 S.River Te				21037		USA			
5		P. WAS DECEDENT EVER IN U.S. / FORCES? 1 YES 2				IC ORIGIN? (Specify Yes 1, Puerto Ricen, etc.)	or No-	I. RACE — American India Black, White, etc.	in,	
BY F	1 Never Merried 2 Married	IF YES, GIVE WAR OR DATES	NO		2 NO Specify			Specify: White	.	
	3 X Widowed 4 Divorced							*********		
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	mpleted)	DECEDENT'S USU (Give kind of work of life. Do NOT use reti	done during mos	N st of working	16b. KIND OF BUS	SINESS/INDUS	STRY		
AP	12		Comptro	ller		Reta	ail S	tore		
Ö	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	ME (First, Middle, Maiden	Sumame)			
	Leo Belser				Frances	s O'Conno	77			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	ORESS (Street a		oute Number, City or Tow		ode)		
2				See the second				,	027	
	John Belser				er Teri			er, MD 21	03/	
	20s, METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	I from State other	ce of disposition place)	Cemet	erv	Day		y or Town, Stata nville, M	ID	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE /	¥.		D ADDRESS OF FAC	CILITY				
	Thomas 19	Haulet		12 Ri	dgely	neral Hon Avenue,	Annap	olis. MD		
	23. PART I. Enter the dissesses, or come hock, or heart fellure. Lie			enter the mo	ds of dying, auch	ss cardiac or resp	ratory arres	it, Approxima		
	ehock, or heert fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel									
1	disease or condition								1	
ł	reaulting in desth) Due to (or as a consequence of)									
-		10,00 (t)	6/01110	Ool	Luxic	ou) d.	in to	Well	ks	
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A CONS	SEQUENCE OF):	1	1	4	W.		1	
AT	If any, lesding to immediate cause. Enter UNDERLYING	Pala en	al +	ha!	Do Dt	01111	/	min	H	
임	CAUSE (Disesse or Injury									
Ē	that initiated events reaulting in death) LAST				V	U				
E	L 4.							i i		
T. I	PART II. Other significent conditions of	contributing to death but no	of resulting in th	he underlying	n cause diven in	Part I. 24s. WAS AN	ALITOPSY	24b. WERE AUTOPSY FIR	NDINGS	
PHYSICIAN: MEDICAL		_				PERFO		AVAILABLE PRIOR T	TO	
ă						1 TYES 2	Sho	OF DEATH?	MV-UL.	
ME								1 YES 2 N	10	
ä										
A	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF OEATH (Che	eck only one)				
200	EXAMINER?	OSPITAL: Vinpatient 2 - ER/Outpatient	3 DOA 4	THER:	e 5 🗆 Residence	6 C Other (Specify)				
×	27. MANNER OF DEATH	28a. OATE OF INJURY	28b. TIME OF			28d. DESCRIBE HOW	INJURY OCCU	IRED		
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WO	PRK? YES 2 NO					
BY	2 Accident Investigation	OR BLACE OF INTERP				204 1 2 2 4 7 1 2 1 1 2		0		
ED	3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY — At building, etc. (Specify)	nome, term, stree	rt, ractory, offic	•	28f. LOCATION (Street City or Town, State,		r Hurai Houte Number,		
E	Tomoto constituted									
COMPLET	298. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledge,	death occurred at	t the time, date	and place, and due	to the cause(a) and ma	nner as atated	1.		
Σ	now C	On the beels of examination and/							tated.	
8										
ш	296. BICANTURE AND TITLE OF CENTIFIER	1		\wedge	29c. LICENSE NUM	ABER	29d. DATE	SIGNED (Month, Day, Year)		
B	Octor 1-V	(letter)		W	1111/6	53	▶ 3	12190		
2	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (I	TEM 27) (Type, Prin	nt)		- W	Λ	1 1	0	
	WETER F. V.	EPKOULD	M D.	187	in Fr	rest Ar	Ans	an holling l	nd	
- 1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	F	700	10		~	10(1)0 1, 11	19	
- 1										

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TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunda-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMEN			MENTAL HYGIEN		0010		
9	1. DECEDENT'S NAME (First, Middle, Leat)	OKOOKS	BROOK	S		2. DATE OF DEATH MONTH ROBRUBRY	13,199	3. TIME OF DEATH 55 a		
	4. SOCIAL SECURITY NUMBER 217-30-0274	5. SEX 6. AGE (In yrs. 1 (X) M 2 F 55	YRS. MONTHS		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH/ 11-4-34	C	entriplace (State or Foreign Country) Maryland		
TOR	Greater Laur Greater Laur FEATER LAU	reid Bellsvill	e Hosp.	AR	I RE	АТН	9c. COUNTY	of DEATH 7 PG		
DIFECTOR	106. STATE 106. COUNTY	. George's	10c. CITY, TOWN	ure1	ON			10d. INSIDE CITY LIMITS? XXYES 2 NO		
FUNERAL	100. STREET AND NUMBER 14510 Bowie Roa	ad		101,	ZIP CODE 2070	7	-17	OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	ARMED 13	If yes, spe	INDENT OF HISPAN city Cuben, Mexical NO Specify		RACE — American Indian, Black, White, etc. Specify: Black				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	(Give kind of work don life. Do NOT use retired	T'S USUAL OCCUPATION of work done during most of working T use retired.) 16b. KIND OF BUSINESS/INDUSTRY							
MP	7th 17. FATHER'S NAME (First, Middle, Last)		Groom		AS MOTHERN MA	Laure J		Track		
	George L. Brook	s. Sr.			16, MOTHER'S NA	Priscill	100	hert		
BE	19a. INFORMANT'S NAME (Type/Print)	1	19b. MAILING ADDRE	SS (Street an	d Number or Rural F	Route Number, City or Tow				
2	Mildred Gibson	(Sister)	14510 B	owie	Road,	Laurel,	MD 20	8707		
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem. 4 Donation S Other (Specify)	oval from Stata other	ce of disposition (in place). Nation				cation - city aurel,			
	21. SKINATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Snowden Funeral Home, P.A. Rockville, MD 20850									
	23. PART I. Enter the diseases, proshock, or heart failure. IMMEDIATE CAUSE (Finel disease propholition resulting in deeth)	In the course of the course of the course on each if	ine.			ryest	iratory arrest,	Approximate intervel Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST									
MEDICAL	Chymic blud farluse. Colo Performed? 1 yes 2 pho OF DE							24b. WERE AUTOPSY FINDINGS AMPLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Anpatient 2 ER/Outpatient	3 DOA 4 DA	ER:	ACE OF DEATH (Ch	eck only one) 8 Other (Specify)				
	27. MANUSER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU	JRY AT	28d. DESCRIBE HOW	INJURY OCCUR!	ED		
TED BY	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s									
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BE	200 SIGNATIONE AND TITLE OF CHASTIFIES	Ħ			29c. CHCENSE NUI	MBER 89	29d. DATE SA	GNED (Month, Day, Year)		
0	30. NAME AND ADDRESS OF PERSON WH	G COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print) 525 G	REEN	WAY CE	NTER DRI	VE GI	REEN BELTMA		
	31. DATE FILED (Month, Day, Year) FFR 15 '90	32. REGISTRAB'S SIGNATUR	Rando DO							

IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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SI. DATE FILEO (MORE), Day, Voar)

FEB 2 0 90

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM, 27) (1900)

erro

32. REGISTRAR'S SIGNATURE
Julia Davidson Rendall

	FOR 1 • STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME			MENTAL HYGI		30 06488		
	OECEOENT'S NAME (First, Middle, Lest) Autual Social Security Number		E BEALL Beall	NDER 1 YEAR	IF UNDER 24 MRS.	2. DATE OF DEAT	17 19	3. TIME OF DEATH		
	579 28 5654	1 1 M 2 □ F 91	YRS. MONT	HS DAYS	HOURS MIN.	(Month, Day, Yes May 1,	1898 W	ashington C.		
TOM	Washington Advent			akoma.	Park	ATH	Mont	g. Co, Md.		
DIPE	106. BTATE 106. COUNTY	tgomery	10c. CITY, TOV		s Dr. S	llver S	pring.	10d, INSIDE CITY UMITS? 1 VES 2 NO		
FUNERAL	1208 Noyes Rd.			10	1. ZIP CODE		10g. CITIZE	OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED	If yes, sp	CENOENT OF HISPAN Becify Cuban, Mexical B 27 NO Specify	n, Puarto Rican, etc	y Yea or No — 14	. RACE — American Indian, Black, White, etc. Specify:		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working .ifte. Do NOT use period.) Administrative Assistant						Dept. of	ite.		
	17. FATHER'S NAME (First, Middle, Last) Beall. 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Ann Virginia Grace.									
TO BE	Eleanor Markle	Beall	1208 N	RESS (Street	ond Number or Rural P Dr. Sil	Noute Number, City of	riown, State, Zip Co	lontg. Co, Md.		
	20a, METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remut 4 Donation 5 Other (Specify)	eval from State 20b. PLAG	Ft. L1		metery, cremetory or n Cemet		Exemples			
	21. SIGNATUDE OF FUNERAL SERVICE LICE LIN LILL BUR KENDATT BUR	uning Corner	l	Tako	nd Address of FA ma Fune: Carroll	ral Hon				
	23. PART I. Enter the diseases, or c shock, or heert fellure. I		deeth. Do not en				eapiratory arres	interval Between		
	immediate Cause (Finel disease or condition resulting in death)	DUE TO (OR AS A CON	SEQUENCE OF):			3-2-1-1-1		Onset and Desth		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CER	resulting in death) LAST									
MEDICAL	PERFORMED? 1 □ YES 2 NO 0							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. P HER:	LACE OF DEATH (Ch	eck anly one)				
PHYS	1 D YES 2 M NO 27. MANNER OF DEATH	1) Inpetient 2 ER/Outpetient 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Hot 28c. IN W	JURY AT DRK?		OW INJURY OCCU	REO		
ВУ	1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 4 Homicide Homicide City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)							Rural Route Number,		
COMPLETED		CIAN: To the best of my knowledge, R: On the basis of examination and/								
TO BE CO	29b. SIGNATURE AND TITLE OF CONTINUES	0	duy.		290. LICENSE NUI			MGNED (Month, Day, Year)		
—	30. NAME AND ADORESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (TEN OF CO.	,			1			



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: It isom 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S MASSE /Elect	Asiridle, Last)				-				2. DATE	OF DEATN			3. TIME OF CEATN
France	s Je	annė	Balze	r					MON'S		15	90	19:01
4. SOCIAL SECURITY NUMBI		SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER			OF BIRTH		8. BIRT	HPLACE (State or Foreign
217-32-188	0 1	□ M 2 🔀 F	65	YRS.	MONTHS	DAYS	HOURS	MIN.		9-1924			ington, D.
9a. FACILITY NAME (If not ins	titution, give street	and number)			9b. CITY,	TOWN (R LOCATI	ON OF D	EATN		9c. COL	JNTY OF I	DEATN
Shady Grove Adventist Hospital Rockville Montgomery								mery					
10a. STATE	10b. COUNTY			10c. CI1	Y, TOWN O	TOWN OR LOCATION						10d. INSIDE CITY	
Maryland	Mon	tgomery	7		Gaith	ers	rsburg					1 X YES 2 NO	
10e. STREET AND NUMBER						101. ZIP CODE 10g. CITIZEN				FIZEN OF	WHAT COUNTRY?		
102 Cedar	Avenue			20877					U	nite	d States		
11. MARITAL STATUS 1 Never Married 2		WAS DECEDEN FORCES? 1	T EVER IN U.S.							N? (Specify Ye Rican, etc.)	e or No-	14. RAC Blac	E — American Indian, ck, White, atc.
3 Widowed 4 Divor		IF YES, GIVE V		14,			2X NO					Spec	White
15. OEC8	DENT'S EDUCATI	ON	16a.	DECEDENT'S	USUAL O	CCUPATIO	ON .		16	b. KIND OF BU	SINESS/IN	DUSTRY	
(Specify only Elementary/Secondary (0-	highest grade com	pleted) ollege (1-4 or 5	+)	(Give kind of life. Do NOT u	work done o se retired.)	during mo	st of worki	ng					
		4		Hor	nemak	er				0	wn H	ome	
17. FATNER'S NAME (First, Mi	ddle, Last)						18. MOT	HER'S NA	AME (First,	Middle, Maiden	Sumame)		
Francis		100								asson			
19a. INFORMANT'S NAME (Ty										nber, City or Tow			
Thomas		er							Gai				yland 2087
20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 4 Donation 5 Other		from State	other	DE OF OISPO									own, State
21. SIGNATURE OF TUNERAL			- Gai	te of	Heav	en (eme	tery	CIL ITY	<u> Si</u> DeVol	lver	Spr	ing, Maryl
(lal	_	\mathcal{L}	10		42.					Devoi Park D		ral	Home
John	7 1-1	011/	al _			G	aithe	ersb	urg.	Maryla	nd 2	0877	
23. PART Lanter the di hock, or he	seassa, or com art fallure. List	pilcations the	it caused tha	daath. Do	not entar	tha mo	da of dy	ring, aud	ch aa ca	diac or resp	iratory s	rrest,	Approximate interval Between
IMMEDIATE CAUSE (Fin	oi	CFA.	A /	2 ~				A.	con	. 1			Onset and Da
disease or condition resulting in death)	"- Lift Cower lote Precimenta with X/8215								DAY				
	OLA CLASS A CONSEQUENCE OF):									3700			
Sequentially list conditi		DUE TO	(OR AS A CONS	SECRENCE O	F):	ucq	/ Neu	un	in	a su	ROR		2047
If any, leading to immed cause. Enter UNDERLY	NG	ates	20 core	chem	Ofl	est	Cun	4 Q	done	are &	202		1 S MOS
CAUSE (Disease or injust that initiated events		OUE TO	(OR AS A CONS	SEQUENCE C	F): (0		()			0		
resulting in death) LAS	d												
PART ii. Othar aignifica	nt conditions c	ontributing to	death but no	t resuiting	in the ur	nderlyin	g cause	given in	Part i.	24s. WAS AF	AUTOPS)	24	b. WERE AUTOPSY FINDIN
CHRANICO	BSTRU	CTIVE	Ausm	ONAR	4 9	1456	ASF			PERFO			AMAILABLE PRIOR TO COMPLETION OF CAUS
CHEONICO HYPORTIANSI	UE AND	APTO	105015	POTIC	CADA	IDI/A	Call	10)	MARIE	1 TYES	X NO		OF DEATH?
	100				Chica	SILVIVA		6.0) Pro Po				1 163 2 110
25. WAS CASE REFERRED TO	MEDICAL					25. P	ACE OF I	DEATN (C/	heck only o	nne)			
1 YES 2 NO		OSPITAL:	☐ ER/Outpatient	3 DOA	OTHER		e 5 □ R	asidence	8 Oth	er (Specify)			
27. MANNER OF DEATN		28a. DATE Of		28b. Til	AE OF	28c. IN.	URY AT		28d. DE	SCRIBE HOW	INJURY O	CCURED	
1 Natural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO													
3 Suicide 8	Could not be	28e. PLACE (OF INJURY - At, etc. (Specify)	home, farm,	street, fect	tory, offic	•			CATION (Street		er or Rural	Route Number,
4 Nomicide	letarmined	33330											
	FYING PHYSICIAL	N: To the best o	f my knowledge,	death occur	red at the t	lime, date	and place	e, and due	e to the c	euse(a) and me	nner as si	ated.	
one) 2 MEDI	CAL EXAMINER: C	on the besis of a	xamination and/	or investigati	on, in my c	opinion, d	leath occu	red at the	time, da	a and place, a	nd due to	the cause	(s) and manner as stated
29b. SIGNATURE AND TITLE	OF CERTIFIER	0		1			29c, LIC	ENSE NU	MBER	/	29d. D/	TE SIGNE	O (Month, Day, Year)
an	ester 1	300	leun	uy)				07	28	1	1-2	115	190
30. NAME AND ADDRESS OF	PERSON WHO'C	OMPLETED CAL	SE OF DEATH (TEM 27) (Typ		01	,			1	A	14	708
JAM.	SA.	KPO	WN. M	01	480	ST	HYS	(21	MA	LANE	Kn	CKV	LLE MEZOS
	(bar)	32. REGISTR.	AR'S SIGNATURE								/		
31. DATE FILED (Month, Day,	10		widson 1										

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages (**1.3 m) be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If New 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF I		MENTAL HYGIENE REG. NO.		00750
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
Edna Mae	Boyd				February 1	YEAR R. 1990	9:53 A M
4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7, DATE OF BIRTH (Month Day, Year)		THPLACE (State or Foreign
283 20 8665	1 □ M 2 💢 F 7	2 YRS.	MONTHS DAYS	HOURS MIN.	March 25,19	27.77	shington, D.(
9a. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY, TOWN	OR LOCATION OF DI	EATH	9c. COUNTY OF	DEATH
Shady Grove Adver	ntist Hospita	1	Ro	ckville		Montg	omery
10a. STATE 10b. COUNTY		10c. CITY	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
Maryland Monto	gomery	G	aithers	ourg			1 YES 2 XNO
10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
14300 Rich Branch	Drive			20878		Unite	d States
11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DE	CENDENT OF HISPAI	NIC ORIGIN? (Specify Yes our, Puerto Rican, etc.)	or No — 14. RA	CE — American Indian, ick, White, stc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT			3 2 NO Specif		Sp	ecity:
15. DECEDENT'S EDUC	ATION	44 DECEDENTIA		011			hite
(Specify only highest grade of	completed)	16a, DECEDENT'S (Give kind of v life. Do NOT us	work done during m	ost of working	16b. KIND OF BUSI		
Elementary/Secondary (0-12)	College (1-4 or 5+)					Servic	е
17. FATHER'S NAME (First, Middle, Last)		Secre	tary	18 MOTHER'S NA	Commi:		
				Rose	Pearson	urnerney	
Joseph Branson 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street		Abute Number, City or Town,	State Zin Code)	
Marjorie M. Sloan	1						, Md. 20878
20a. METHOD OF DISPOSITION 1				metery, crematory or		ATION - City or	
1 Donation 5 Other (Specify)		other place)		torium,			Maryland
21. SIGNATURE OF FUNERAL SERVICE LICE		megomet	22. NAME /	ND ADDRESS OF FA	CILITY Robert	A. Pump	hrev Funeral
Dell 17	MC MC	0689	Home,	Rockvill	le, înc. 30t	West	hrey Funeral Montgomery
20 Det 1 2 - 1	land 1				ville, Md.		
23. PART A prior the diseases, or consideration of heart failure. L	omplications that caused list only one ceuse on as	the daath. Do r ch line.	not anter the m	ode of dying, aud	th as cardiac or respin	atory arrest,	Approximata Interval Between
IMMEDIATE CAUSE (Finel disease or condition	1/4	t n	_ 1	+	•		Onset and Death
resulting in death)	17 40 Ca	rdial	int	ancilo	21		5-10 day
	DUE DO (OR AS A	CONSEQUENCE OF	F): U		4		
Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF	cos	s wil	~		years
If any, leading to immediate cause. Enter UNDERLYING	Colling	CONSECUENCE OF	0 6	a.i.l.	X		dans
CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	F):	Const	~~		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
resulting in death) LAST	and.	Show	le.				Lours
PART II. Other algnificant conditions		2			Part I. 24s. WAS AN A		4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
Lenkory	osis of he	rknow	n et	ology	1. YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
				07			1 NES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26.1 OTHER:	LACE OF DEATH (C	heck only one)		
1 TES 2 NO	1 1 Impatient 2 ER/Outpa	itlent 3 🗆 DOA		me 5 - Residence	B C Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	RE OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HOW IN	JURY OCCURED	
1 Natural 5 Pending 2 Accident Investigation				YES 2 NO			
3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, ify)	street, factory, off	ce	281, LOCATION (Street ar City or Town, State)	nd Number or Run	al Route Number,
4 Homicide detarmined							
	CIAN: To the best of my knowle	edge, death occum	red at the time, dar	e and place, and du	to the cause(a) and mann	ner an stated.	
one)	R: On the basia of examination						e(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	7	1	1	29c. LICENSE NU	MBER	29d, DATE SIGN	ED (Month, Day, Year)
allen that	0 040/2	1	Loone	1 15	046	121	20/40
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type	, Print)		4	1.	
Stephen New	non (19,	261 1	hortan	mery	Villace A	ve G	wither be
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	L.m.	1	1	-		7
FEB 21 '90	guila Day	dien-Rand	000				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlar	be filed within 72 hours after death with the State Dept. of Health and Memfal Hyglene prior to burial, cremation, or removal.	IMPOGTANT: If team 28 is marked or team 23 shows any lating or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPART	MENT OF HE					
1. DECEDENT'S NAME (First, Middle, Last)		CENTIFIC	AIE OF L		REG. NO.		3. TIME OF DEATH	
MILTON	BI.IIM				MONTH DA	2. 199	0 11:30 P	
4. SOCIAL SECURITY NUMBER	THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S	GE (In yrs. lest birthdey)	F UNDER 1 YEAR		DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign	
219-01-5598	1 🖾 M 2 🗆 F	74 YRS.		LOCATION OF DEATH			Louis, MO	
5225 Pooks Hill			Bethes				gomery	
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,	I son CITY	TOWN OR LOCATIO	N			10d, INSIDE CITY	
	omery		hesda				LIMITS?	
10e. STREET AND NUMBER			10f. Z	IP CODE			OF WHAT COUNTRY?	
5225 Pooks Hill R		~~~		20814		U.	S.A.	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1 7 1	ER IN U.S. ARMED YES 2 NO PR DATES	If yes, speci	DENT OF HISPANIC (ty Cuben, Mexican, P PNO Specify:		or No— 14.	RACE — American Indian, Black, White, etc. Specify:	
3 Widowed 4 Divorced		WWII		X			White	
15. DECEDENT'S EDU- (Specify only highest grade	completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use	BUAL OCCUPATION is done during most retired.)	of working	16b. KIND OF BU	SINESS/INDUST	RY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Business	O (T			. 1 . 7	1 1.	
17. FATHER'S NAME (First, Middle, Last)		mustness		S. MOTHER'S NAME			Herenip	
Jacob Blum				Rertha				
19a. INFORMANT'S NAME (Type/Print)				Number or Rural Rout			·	
Doralee Blum (Wif	e)						la, Md. 2081	
20a_METHOD OF DISPOSITION 1 Remarks 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	other place) King Davi				cation – chy Ls Chur	ch, Va.	
21. SIGNATURE OF EUNERAL SERVICE LIC	CENSEE		22 NAME AND	ADDRESS OF FACILI	ITY			
Frank !	Store						HAPELS, INC.	
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):								
Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):								
cause. Enter UNDERLYING								
CAUSE (Disease or injury that initiated events resulting in death) LAST								
d								
PART II. Other significant condition	ns contributing to das	th but not resulting in	the underlying	cause given in Pa	PERFO	RMED?	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL				DE DE DELTIL MI				
EXAMINER?	HOSPITAL:		OTHER:	CE OF DEATH (Check				
27. MANNER OF DEATH	28e. DATE OF INJU	JRY 26b, TIME		8 🔀 Residence 6 [8d. DESCRIBE HOW	INJURY OCCUR	EO	
1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Y		M 1 YE					
3 Suicide 6 Could not be detarmined 266. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 266. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)						Rural Route Number,		
anal		knowledge, death occurred					suse(s) and manner as state	
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and me one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, at 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER D-18545								

30. REGISTRAR'S SIGNATURE

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END	DR: /	Jet.	8 18
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached.	be filed within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
L DR	BIO.	200	Her
PITAL	ERAL	17	T: H
HOS	FUN	WITH	TAN
THE	HE	pel	HO.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIE		90 06492	
	MARGOT	ARGOT M.	BOSCH BOSCH	ET		2. DATE OF DEATH MONTH	8 9	0 3 10 11	
	FER III ONL	SEX 6. AGE (I		F UNDER 1 YEAR ONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)	10	BIRTHPLACE (State or Foreign Country)	
OR		ond number) SGHOME		96. CITY, TOWN OR LOCATION OF DEATH OLNEY, MD. 9c. COUNTY OF DEATH MENTG				AA	
DIRECTOR	10a. STATE 10b. COUNTY Maryland Montg	omery		lver	Spring	2		10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	100. STREET AND NUMBER 13123 Conductor	Way			20904		U.S.	A .	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Vidowed 4 Divorced	. WAS DECEOENT EYER IN FORCES? 1 YES IF YES, GIVE WAR OR OA	2 NO	If yes,	ECENDENT OF HISPAN specify Cuben, Mexical ES 2 X NO Specify	n, Puerto Ricen, atc.)	ee or No 14	RACE — American Indian, Black, White, atc. Specify:	
COMPLETED	(Specify only highest grade con				most of working	Giant	Food	TRY	
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Bremmerman Martha								
TO BE	19a. INFORMANT'S NAME (Type/Print) Marion Thompso	n	196. MAILING A		ot and Number or Rural F luctor Wa			ing MD 20904	
	206. METHOD OF OISPOSITION XXBurlel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	from State			cametery, cremetory or Cemetery			y or Town, State	
	21. SIGNATURE OF FUNERAL SERVICES OF	Y VANCIL	seel	22. NAME	AND ADDRESS OF FAM	TAKON TAKON		ERAL HOME, I	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, shock, or heart fellure. List only one cause on each lins. IMMEDIATE CAUSE (Finel disease or condition resulting in death) SEPTIC SHOCK OUR TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST BACTERIAL PNEUMONIA OUE TO (OR AS A CONSEQUENCE OF): VIRAL PARA INFLUENZA DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ADVANCED ACZHEIMER'S DEMENTIA					PERF	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN		IOSPITAL:		OTHER:	. PLACE OF DEATH (Ch				
ву РНҮ	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY 1	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED			
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	offy)			City or Town, Sta	ite)	Rurel Route Number,	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER:	_						cause(s) and menner se stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER JE HOUL M 30. NAME AND ADDRESS OF PERSON WHO O	D			D337	ABER OO	29d. DATE 1	BIGNED (Month, Day, Year) - 18 - 90	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE
Julia Davidson-Randoll

HOWE

31. DATE FILED (Morith, Day, Year)
FEB 20 '90

MARYLAND

OLNEY

IC L1

BALTIMORE, MARYLAND 21203-3146

disease or condition

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING

resulting in death)

1 -

DIRECTO

FUNERAL

BY

COMPLETED

BE

2

COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BE 2

6

DIVISION OF VITAL RECORDS, P.O. BOX 13146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages	be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------

REGISTRAR 1. DECEDENT'S NAME (First	t. Middle, Last)			HIIF	CATE OF	DEATH	REG. NO.		3. TIME OF DEATH
1. DECEDENT'S NAME (FIG.	andol	ph Barn	es.				FELOR WARY	13 K	790 6:11 PM
			6. AGE (In yrs. les.	.,	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec. 6, 19	916	6. BIRTHPLACE (State or Foreign Country) Maryland
9a. FACILITY NAME (If not in	nstitution, give	street and number)			9b. CITY, TOWN	OR LOCATION OF D			ITY OF DEATH
Montgome		neral H	ospita]		01	ney		Mon	tgomery
10a. STATE Maryland							10d. INSIDE CITY LIMITS? 11 2 4 8 2 NO		
10e. STREET AND NUMBER						of. ZIP CODE		10g. CITIZ	ZEN OF WHAT COUNTRY?
1959 Lewis	s Ave	•				20851		U.	.S.A.
11. MARITAL STATUS Nover Married 2 Married				If yes, s		NIC ORIGIN? (Specify Yea an, Puarto Rican, etc.) fy:	or No—	14. RACE — American Indian, Black, White, etc. Specify: White	
	CEDENT'S EDU		/G	ive kind of wo	kind of work done during most of working			SINESS/IND	USTRY
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT use	Ke	tired			
10		N/A	Co	Lect	ting Agent W.S.S.C.				
James Ho		Barnes				Committee of the Control	AME (First, Middle, Meiden Seaton	Surname)	
19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zip	
Janet L.	McGr	ath		616	Mithe	ring La	ne - Sil	Spo	Md. 20904
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Balt/Wa				ece)	_	ematory or ematory or			City or Town, Stata
21. SIGNATURE OF FUNERAL SERVICE LICENSEE ** Hatold M. Day 23. PART I. Enter the diseases, or complications that caused the death. Do					Tako 254	Carroll	ral Home	V. D	C. 20012
		List only one car			or eurer rue u	oue or aying, su	on as cardiec or reap	recory arr	eat, Approximate interval Between Onset and Death

INFARCTION

THE PLANTIC CARDID VAPULLAR DISEASE
DUE TO (OR AS A CONSEQUENCE OF):

cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events recuiting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):		
APVANCED B	RONCHORENIC CAREINO MAS RONCHORENIC CAREINO MAS OBSTRUCTORN MAS TO PROSTATIC HYPORTH	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 1 MG	24b. WERE AUTOPSY FINDINGS MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF DEATH (Check only o	ne)	•
EXAMINER?	HOSPITAL: OTHER:		

DUE TO (OR AS A CONSEQUENCE OF):

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1 YES 2 NO	HOSPITAL: 1 Illumpatient 2 ER/Outpatient 3 DOA		OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)							
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Dey, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d, DESCRIBE HOW INJURY OCCURED						
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY At I building, etc. (Specify)	ome, farm, street,	factory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
20a CERTIFIER										

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dus to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated

	H76114	29d. DATE SIGNED (Month, Day, Year)
Sol Shaz M. D. Tolli Prince Phillip	Dr. Olney Md.	1 171

FEB 20 '90 32. REGISTRAR'S SIGNATURE Suha Davidson Randell

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TO BE COMPLETED BY FUNERAL DIRECTOR

sician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
or attending ph	or use as the bu	
I by the hospital	d be detached for	d at once.
may be retained	lor, page 5 shoul	ust be notifie
ter death. Page 6	the funeral direct	examiner m
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount attendent in the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
te be executed w	sician and comp prior to burial, cr	traumatic eve
ne death certifical	the attending phy Mental Hygiene	rjury, or other
v requires that the	t. of Health and	shows any lr
YSICIAN: The law	s certificate has th the State Dep	ed, or item 23
ATTENDING PH	ECTOR: After this s after death wi	n 28 is marke
E HOSPITAL OR	E FUNERAL DIR	RTANT: If Iten
HT OF	TO TH	IMPC

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE EILER (Magit, Day, Your) FEB 20 90

1 - FOR STATE REGISTRAR		STATE OF MA		DEPARTM				MENTAL	HYGIEN REG. NO.	E	7	0 00491
1. DECEDENT'S NAME (First, MARLEY	0 -	NSTEIN						2. DATE OF	18-6	70	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 1/7-01-93	ER		s. AGE (In yrs. les	MOI MOI	UNDER 1 YE		MIN.	7. DATE OF (Morith, 1	Day, Year)		Count	IPLACE (State or Foreign
90. FACILITY NAME (If not in	oss He	ospital				WN OR LOCATI		EATN			NTY OF E	MERY
RESIDENCE/OF DEC	10b. COUNTY	TEOMERY		10c. CITY, TO	OWN OR LO	OCATION (FC) A	-					10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER	WES		TD	203		10f. ZIP COD	E 01-	7			IZEN OF	WNAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 3 Wildowed 4 Divo	Merried	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	MED	13. WAS	DECENDENT (a, specify Cube YES 2 NO	in, Mexica	in, Puerto Ric			14. RAC Blac	E — American Indian, k, White, etc.
15. DEC (Specify only Elementary/Secondary (0	EDENT'S EDUCA y highest grade o 1-12)	ATION ompleted) College (1-4 or 5+)	(G life	CEDENT'S USU	done during tired.)	g most of world	ng		IND OF BU			
1 2 17. FATHER'S NAME (First, M	liddle, Last)		Pur	chasin	g UII		HER'S NA	ME (First, Mic	estat Idle, Malden		с.	
Isak Chasma	ın					S	ara	Kroll				
19a. INFORMANT'S NAME (7				b. MAILING ADI								
Martin Br			_					e,#20:	_			d. 20817
20a METHOD OF DISPOSIT 1 N Buriel 2 □ Crematic 4 □ Donation 5 □ Other		vel from State	other pl	of disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the disposition of the dispositio						cation –		
21. SIGNATURE OF SINERA	L SERVICE LICE	NSEE /			22. NAM	E AND ADDRE	SS OF FA	CILITY				PELS, INC.
Van	11.	81-00										Md. 20852
23. PART I. Entar the d	Iseasea, or co	omplications that	caused the da	ath. Do not								Approximate
iMMEDIATE CAUSE (Fir disease or condition resulting in death)		Int only one caus		-								Interval Between Onset and Death
Sequentially list condit if any, leading to imma cause. Entar UNDERLY, CAUSE (Disease or Inju that initiated events resulting in death) LAS	diata ING iry c.	Clustic (C	OR AS A CONSE	OUENCE OF):	ctic	res	ul	mos	yay	de	rea	
PART II. Other algnifica	int conditiona	contributing to c	leeth but not	resulting in t	ha under	lying cause	given in	Part i. 2	4a. WAS AN		24	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
								_	YES 2			COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
05 WW 0405 0505	n Menuca.											
25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO		HOSPITAL:	ER/Outpatient 3		THER:	Nome 5 R		, , ,				
	Pending Investigation	26e. DATE OF I (Month, De)	NJURY	28b. TIME OF	F 28c	NJURY AT WORK?		7	RIBE NOW	NJURY OC	CURED	
2 Dulalds -	Could not be determined	28e. PLACE OF building, e	INJURY — At he tc. (Specify)	ome, ferm, atree	et, factory,	office			TON (Street Town, State)		or or Rural	Route Number,
anal .		IAN: To the best of m										s) and manner as stated.
29b. SIGNATURE AND UT	OF CERRYFIER	2/-					ENSE NU) (Month, Day, Year)
Mally	154	19 Kh	NY				112	_				EB 1990

6002HH1 WHEATON MY 20902 32 REGISTRAR'S SIGNATURE
Juha Davidson Randole

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DISCO RECT	TO BE COME TED BY BUXBLOWN MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
death. Page 6 may be retained by the hospi	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospi

1. DECEDENT'S NAME (First, Midrie, Light)	Id	a -	Bo	run	IEL	2. DATE	OF DEATH	ž	¥8	3.117 F
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last bi	"	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH		8. BIRTI	HPLACE (State or Foreign
063-05-4997	1 🗆 M 2 🔀 F	79	YRS.	NINS DAYS	HOURS MIN.		28,19	10		Land
9a. FACILITY NAME (If not institution, give at	treet and number)		96	. CITY, TOWN	OR LOCATION OF D	EATH		9c. COU	NTY OF	DEATH
Shady Grove Nursi	ng Center			Rockv	ille			Mon	tgor	nery
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,	1	10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY
Maryland Montg	OMATV		Rocl	Rockville						LIMITS?
10e. STREET AND NUMBER	Oncly		1001		f. ZIP CODE		1	10g. CITI	IZEN OF	WHAT COUNTRY?
9701 Medical Cen	ter Drive				20877			U	J.S.	Α.
11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARME	ED		ENDENT OF HISPA			or No-	14. RAC	E - American Indian,
Never Married 2 Married	FORCES? 1	OR DATES			ecify Cuban, Maxic		Rican, etc.)		Spec	ck, White, etc.
Widowed 4 Divorced					X					White
15. DECEDENT'S EDUC (Specify only highest grade		18a. DECE (G/ve	kind of work	JAL OCCUPATION done during motived.)	ON ost of working	160	. KIND OF BUS	INESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	100					77			
Z 17. FATHER'S NAME (First, Middle, Last)		I Ho	omemal	ker		ADAE CEL	Home			
					10. MOTHER'S N	,				
Isaac Greenberg 19a. INFORMANT'S NAME (Type/Print)		401-	MAII INO AN	DDESS /Dans	Reb		(unkno		o Corta	
									,	20279
Irwin Baumel (Son					Drive;		_			2U8/8 own, Btate
20s. METHOD OF DISPOSITION 1X Source 2 Greenation 3 Remote 4 Donation 5 Other (Specify)	oval from State	other place	9)	Cemet				amus,		
21. SIGNATURE OF EUNERAL SERVICE LIC	ENSEE	Cedar	Iaik		ND ADDRESS OF F	ACILITY	ITAL	ıllus,	TAP	J •
23. PART I. Enter the diseases, or o shock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause			DANZAI 1170	NSKY-GOL Rockvill	e Pi	ke; Roc	kvi1	lle,	Md. 2085
shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate	a. Response to the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of t	on each line.	y Fau HENCE OF):	DANZAI 1170	NSKY-GOL Rockvill	e Pi	ke; Roc	kvi1	lle,	Md. 20852 Approximate interval Betwoonset and D
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shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition Sen. Part Part 1 Yes 2 No 27. MANNER OF DEATH 1 Netural Pending Investigation 3 Suicide S Could not be determined 29a. 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WAS AN PERFOR 1 VES 2	AUTOPSY MED? NJURY OC and Number timer se ste	24 CCURED Y or Flural sted.	Md. 20852 Approximate interval Betw Onset and D 24 April 2005 By WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

HEGISTRAR		CE	-niiri	JAIE OF	DEATH	REG. NO	,	
1. DECEDENT'S NAME (First, Middle, Last Robert	Ray	BI	CKFOR	D		Feb. 23,	1990	3. TIME OF DEATH 11:00 a.
I. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. lee		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign Country)
213-24-6092	1 ☑ M 2 ☐ F	60	YRS.	ONTHS DAYS	HOURS MIN.	July 6, 1	929	Country
e. FACILITY NAME (If not institution, give	street and number)		1	b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH
Rt. 2 Box 168				Swar	ton		Gar	rett
ESIDENCE OF DECEDENT								
a. STATE 10b. COUN			10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
	arrett			Swantor	1			1 YES 2 XNO
e. STREET AND NUMBER				10	H. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
Rt. 2 Box 168					21561		US	A
. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR		13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No- 14	. RACE — American Indian, Black, White, etc.
☐ Never Married 2 ☐ Married ☐ Widowed 4 ※ Divorced	IF YES, GIVE W		10		S 2 NO Speci			Specify: White
15. DECEDENT'S EQ (Specify only highest gree		16a. DE	CEDENT'S U	SUAL OCCUPAT	ON	16b. KIND OF BU	SINESS/INDUS	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	ll/o	Do NOT usa	retired.)	osi or working			
3rd			Timb	erman		Lum	ber	
FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Middle, Maiden	Surname)	
Albert Ge	eorge	Bick	ford		Annie	Ro	sella	Durst
a. INFORMANT'S NAME (Type/Print)		19	b. MAILING A	DORESS (Street	and Number or Rural	Route Number, City or Tow	n, Stelle, Zip Co	ode)
Annie R. Bickfor	rd		Rt. 2	Box 16	8 Swant	on, Maryla	nd 215	61
a. METHOD OF DISPOSITION		20b. PLACE	OF DISPOSIT		emetery, crematory or			y or Town, Stata
X Buriel 2 Cremetion 3 Re Donetion 6 Other (Specify)	moval from State	Garre		. Memor	ial Gard	ens 0	akalnd	Marylan
SIGNATURE OF FUNERAL SERVICE I	JCENSEE				ND ADDRESS OF F			
+ Frankling	Il Cust	tor		Stew 32 S	art Fune outh Sec	ral Home ond Street	Oakla	21550 nd, Maryland
Sequentially list conditions,	b. Q	CONSE	GCA	10m	\$	lure_		
t sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Diseess or injury that initiated events secuting in death) LAST	C	OR AS A CONSE						
PART II. Other significant condition	d	denth had not				Part I. 24s, WAS AN		24b. WERE AUTOPSY FINDS
diabetes	al ar	nert	ens	lon		PERFO	RMED?	MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
S. WAS CASE REFERRED TO MEDICAL								
EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH (C	neck only one)		
1 YES 2 NO	1 Inpetient 2			€ Nursing Ho		8 Other (Specify)		
Netural 5 Pending Investigation	28a. DATE OF (Month, Da	INJURY ly, Year)	28b. TIME INJU	RY V	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUI	RED
3 Suicide 6 Could not b 4 Homicide datermined	e 28e. PLACE Of building,	INJURY — At he atc. (Specify)	ome, farm, st	reet, factory, off	Ce	261. LOCATION (Street City or Town, State		Rural Route Number,
anal						a to the cause(a) and ma a time, data and place, a		cause(a) and manner as state
b. SIGNATURE AND TITLE OF CENTIF			1/		29c. LICENSE NU			SIONED (Month, Day, Year)
Mara	and	a.	Ka	ins	D76	050	>	2-23-90
NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUS	OF DEATH (ITE	M 27) (Type, 1	Print)	Ou le In	ud	111	21577
EB 216 (90 Day, Year)	LA DIMEDISTRA	TO SIGNATURE	10	4	100-41	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	1014	~())()

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1. DECEDENT'S NAME (First									MON		AY	YEAR	3. TIME OF DEAT	N
			Blick B							$\overline{}$	ruary :	19, 1		3:00 P	М
	4. SOCIAL SECURITY NUME	170	5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR DAYS	HOURS	MIN.	(Mo	E OF BIRTN nth, Day, Year)		Countr	PLACE (State of Fo	reign
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Ē	199 Rollins	AVENU	ie, #/15			Rockville Montgomery									
E I	10a. STATE	10c. CIT	Y, TOWN (OR LOCA	TION						10d. INSIDE CITY				
5	1.off opening y									1 YES 2 [NO				
FUNERAL DIRECTOR	10e. STREET AND NUMBER						10	f. ZIP COD	E			10g. CIT	TIZEN OF W	VHAT COUNTRY?	
Ë	199 Rollins	Avenu								0852				States	
5	11. MARITAL STATUS 1 Never Married 2	Merried	FORCES? 1	T EVER IN U.S. AF	NO NO	- 1 - 3	If yes, sp	ecify Cub	en, Mexic	an, Puert	ilN? (Specify Ye o Rican, etc.)	a or No—	Black	— Americen India , White, etc.	in,
ВУ	3 Widowed 4 Dive	orced	IF YES, GIVE V	MAR OR DATES			1 YES	2 💢 NO	Speci	lly:			Speci	White	
	15. DEC	EDENT'S EDU	CATION	16a. DE	ECEDENT'S	USUAL O	CCUPATI	ON		1	86. KIND OF BU	SINESS/IN		WIIIOC	
ᆸ	Elementary/Secondary (I		College (1-4 or 5		live kind of a. Do NOT u	se retired.)	ounng m	OSE OF WORK	ng						
MPI	12				Buye	r							rtme	nt Store	2
COMPLETED	17. FATNER'S NAME (First, N							18. MOT	HER'S N	AME (First	t, Middle, Malden	Surname)			
BE	William Fr		Marion B		12.8.11	DATE:	_				odie				
2	196. INFORMANT'S NAME										imber, City or Tox				
	Dove B. Ga			20b. PLACE							, Rocky		- City or To		
	1 Buriel 2 Cremetic	on 3 🗆 Rem	noval from State	_ Subur	(ace)				metory or					g, Maryl	and
	21. SIGNATURE OF FUNERA		CENSEE	Dabai	van	22.	NAME A	ND ADDR	SS OF F	ACILITY				R. Maryi	anu
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	23. PART I. Enter the d				0827									MD 2091	
	shock, or h	eart fallure.	List only one car			not anta		oud of a	mig, su		10000	matory a	.,	Interval B	etween
	IMMEDIATE CAUSE (Fit disease or condition	nal	01	ardiac arm	cost										Deari
	resulting in death)		DUE TO	OR AS A CONSE	QUENCE O									immed	
z	Color of the second		a:	rterio-scl	leroti	c hear	rt di	sease	<u>.</u>					20 yrs	
5	Sequentially list condit if any, leading to imme		DUE TO	OR AS A CONSE	QUENCE O	F):									
MEDICAL CERTIFICATION	cause. Enter UNDERLY CAUSE (Disease or Inju		C												
	that initiated events resulting in death) LAS	ST.	DUE TO	OR AS A CONSE	OUENCE O	HF):									
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AL.	PART II. Other algorifica		_		_			-	-			N AUTOPSY	246	. WERE AUTOPSY F	
OIC.			ntilatrion				kyph	oscle	rossi	is_	1 TYES			COMPLETION OF OF DEATH?	
ME	chron	ic ob s	tructive pu	almonary c	liseas	e								1 🗌 YES 2 🗍	NO
ä															
CIA	25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:			OTHE		LACE OF	DEATH (C	heck only	one)				
PHYSICIAN:	1 TYES 2 1 NO		1 Inpatient 2	☐ ER/Outpatient	3 DOA	-	_	me 5 X F	lesidence		ther (Specify)	IN MIEW O	OCHER		
		Pending		Day, Year)		JURY	W	ORK? YES 2	□ MO	260. 0	JESCHIBE HOW	INJUNT O	ССОНЕВ		
ВУ	2 Accident 3 Suicide	Investigation	28e. PLACE	OF INJURY — At h	ome, ferm.	atreet, fac				281. L	OCATION (Street	and Numb	er or Rural	Floute Number.	
ED	4 Nomicide	Could not be determined	building	, etc. (Specify)	ellin eta.						ity or Town, State			,	
COMPLETED	29a. CERTIFIER	TIEVING DAVE	BICIAN: To the best of	d en konudadas d	lanth name		alma del								
MP	CONDUCK ONLY	No.	ER: On the basis of						1000					e) end manner ee :	stated.
	29b. SIGNATURE AND THE	5647							CENSE NU					D (Month, Day, Year)	enn j
BE	- SW GIGHAI SIE AND IN	Y). []	(hora					ZUG, LR	SENSE NU	JMOEN				ary 20,	
2	30. NAME AND ADDRES	F PERSON W	HO COMPLETED CAL	USE OF DEATH (IT	EM 27) (Typ	e, Print)			D 131	56		T P	CULU	11 y 20,	- J J U
-	John M. Wy						nue.	Bet	hesd	la, I	MD 2081	4			
	31. DATE FILED (Month, Day	(Year)	32. REGISTR	AR'S SIGNATURE											
	FEB 2	0 '90	gw.	ra Davidson	-Rans	lell									
			T.											DHMH.	6 Rev 1/89

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A ALIENDING PHYSICIAN; THE IAW requires that the beath certificate be executed within 24 hours after beath. Page o may be retained by the		SECOND IN	2000
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2	į	ŧ	Anna
5	8		7
retailled	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be diagrams.		m 28 is marked or item 23 shows one fallow or other fraumatic event the medical available must be notified at sure
may be	r, page		et ha
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DEATH. P	funeral		nimex
THE	the	loval.	, iea
NOUIS	d in b	urs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	madi
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Pages 1, 2, 3 should

	30 06498
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
BE COMPLETED BY FUNERAL DIRECTOR	1. DECEDENT'S NAME (First, Middle, Last) DECEDENT'S NAME (First, Middle, Last) DECEDENT'S NAME (First, Middle, Last) DECEDENT'S NAME (First, Middle, Sast) DECEDENT'S NAME (First, Middle, Sast) DECEDENT'S NAME (First, Middle, Sast) DECEDENT'S NAME (First, Middle, Sast) DECEDENT'S NAME (First, Middle, Sast) DECEDENT'S NAME (First, Middle, Sast) DECEDENT'S NAME (First, Middle, Sast) DECEDENT'S NAME (First, Middle, Sast) DECEDENT'S NAME (First, Middle, Sast) DECEDENT'S NAME (First, Middle, Sast) DECEDENT'S NAME (First, Middle, Sast) DECEDENT'S NAME (First, Middle, Sast) DECEDENT'S NAME (First, Middle, Sast) DECEDENT'S NAME (First, Middle, Sast) DECEDENT'S NAME (First, Middle, Sast) DECEDENT'S NAME (First, Middle, Sast) DECEDENT'S NAME (First, Middle, Sast) DECEDENT'S NAME (First, Middle, Sast) DECEDENT'S NAME (First, Middle, Sast) DECEDENT'S NAME (First, Middle, Sast) DECEDENT'S NAME (First, Middle, Mailon Surrement) DECEDENT'S NAME (First, Middle, Mailon Surrement) DECEDENT'S NAME (First, Middle, Mailon Surrement) DECEDENT'S NAME (First, Middle, Mailon Surrement) DECEDENT'S NAME (First, Middle, Mailon Surrement) DECEDENT'S NAME (First, Middle, Mailon Surrement) DECEDENT SNAME (First, Middle, Mailon Surrement) DECEDENT SNAME (First, Middle, Mailon Surrement) DECEDENT SNAME (First, Middle, Mailon Surrement) DECEDENT SNAME (First, Middle, Mailon Surrement) DECEDENT SNAME (First, Middle, Mailon Surrement) DECEDENT SNAME (First, Middle, Mailon Surrement) DECEDENT SNAME (First, Middle, Mailon Surrement) DECEDENT SNAME (First, Middle, Mailon Surrement) DECEDENT SNAME (First, Middle, Mailon Surrement) DECEDENT SNAME (First, Middle, Mailon Surrement) DECEDENT SNAME (First, Middle, Mailon Surrement) DECEDENT SNAME (First, Middle, Mailon Surrement) DECEDENT SNAME (First, Middle, Mailon Surrement) DECEDENT SNAME (First, Middle, Mailon Surrement) DECEDENT SNAME (First, Middle, Mailon Surrement) DECEDENT SNAME (First, Middle, Mailon Surrement) DECEDENT SNAME (First, Middle, Mailon Su
10	20e. METHOD OF DISPOSITION Daniel 2 Cramellon 3 Removal from State
	23. PART I. Enter tha diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate
CERTIFICATION	shock, or haart failure. List only one cause on each lina. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST List only one cause on each lina. Interval Between Onset and Death DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Percent DVT Conserved Henry Jensel Jensel Line Henry Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jensel Jen
SICIA	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
ву РНҮ	27. MANNER OF GEATH 28e. OATE OF INJURY (Month, Day, Year) 28e. NATE OF INJURY (Month, Day, Year) 28e. NATE OF INJURY WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCUREO INJURY 1 YES 2 NO
	3 Suicide S Could not be determined 29s. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 29s. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State) 29s. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the lime, date end place, and due to the cause(e) and manner ee stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)
	Michael J Faclolen MD. Hurlock we 21643
	FEB 21 '90 Junia Davidson-Andalle
	DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physics	DIR
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10	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

				90 0649
1 - FOR STATE REGISTRAR		IMENT OF HEALTH AND N CATE OF DEATH	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, Lest) Lew:	is Francis BLAI	Slair	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
5. SEX 164-05-7685 1 1 1 1 2	6. AGE (In yrs. lest birthday) F 83 YRS.	FUNDER 1 YEAR FUNDER 24 HRS. MONTHS EMYS HOURS MIN.	M. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State for Foreign Country) Maryland
9a. FACILITY NAME (If not institution, give street and numinum washing town town as TRESIDENCE OF DECEDENT	Xloex Yal	Hagerstour	ATH' /	Oc. COUNTY OF DEATH WESKINGTON
10a. STATE 10b. COUNTY Md, Washing	y ton You	gerston		10d. INSIDE CITY LIMITS? 1 YES 2 NO
10. STREET AND NUMBER 316 Summit Avenue		101. ZIP CODE 21740		10g. CITIZEN OF WHAT COUNTRY? U.S.A.
1 News Married 2 N Married FORCES	CEDENT EVER IN U.S. ARMED 17 1 ☐ YES 2 ☑ NO GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexicar 1 YES 2 X NO Specify	n, Puerto Rican, etc.)	or No— 14. RACE — American Indian, Black, White, atc. Specify: white
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-0-11	(Give kind of w	,	16b. KIND OF BUSH	NESS/INDUSTRY
17. FATHER'S NAME (First, Middle, Last) Lewis H. Blair		18. MOTHER'S NAI	ME (First, Middle, Maiden S Orpha Dav	
19a. INFORMANT'S NAME (Type/Print) Mrs. Virginia F. Blair		ADDRESS (Street and Number or Aural F Summit Avenue, I	Route Number, City or Town, lagerstown,	, State, Zip Code) MD 21740
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from St 4 Donation 5 Other (Specify)	20b. PLACE OF DISPOS other place) Rest Have	n Cemetery	Hage	erstown, Maryland
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ined	415 E. Wilson		rstown, MD 21740
23. PART I. Enter the diseases, or complication shock, or heert fellure. List only of IMMEDIATE CAUSE (Finel disease or condition resulting in death)		or enter the mode of dying, such	h aa cardiac or reapin	Approximate Interval Betwee Onset and Dee
if any, leading to immediate couse. Enter UNDERLYING	DUCKETO OR AS A CONSEQUENCE OF	Tophped Faseb -	Clarcer	walls
PART II. Other significant conditions contribute	ing to death but got resulting i	n the underlying ceuse, given in	Part 1 24s. WAS AN A PERFORM	MED? AVAILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Ch	ack anly one)	

EXAMINER?

27. MANNER OF DEATH

1 Natural

2 Accident

3 Suicide 4 Homicid

HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA 28a. DATE OF INJURY (Month, Day, Year)

OTHER: 28b. TIME OF INJURY

Home 5 ☐ Residence 8 ☐ Other (Specify) 28c. INJURY AT WORK? 1 YES 2 NO

28d. DEȘCRIBE HOW INJURY OCCURED

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a, CERTIFIER (Check only one) edge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

2 MEDICAL EXAMINER: On

29b. SIGNATURE AND TITLE OF CERTIFIER

20c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, FEB 26 ²90 32 REGISTHAR'S SIGNATURE Julia Davidson-Randell

DHMH-16 Rev 1/89

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_	d by	d be	d at
DALLIMORE, MARILAN	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be dritten be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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DIVISION OF VITAL RECORDS, F.C. BOX 13146,	equires	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.	hows a
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	* REGISTRAR			EKIII	ICALL	= UF	DEA	I H	R	EG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last)	1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH										3. TIME OF DEATH	
	SHIRLEY L	ATT					February 22, 1990			V	10:39 A M		
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la		IF UNDER	DAYS	HOURS	MIN.	7. DATE OF B (Month, Day	(Year)		Counti	
	218-34-2696	54	YRS.					Feb.22	,193		Md.		
_	9e. FACILITY NAME (If not institution, give street and number)				9b. CITY	, TOWN (R LOCATI	ON OF D	EATH		9c. COU	INTY OF D	EATH
FUNERAL DIRECTOR	Memorial Hospital				Cumberland Alleg						llega	ny	
<u> </u>	10s. STATE 10b. COUNT	Y, TOWN OR LOCATION					10d. INSIDE CITY LIMITS?						
H	W.Va. Mineral				Ridgelgy					1 YES 2 M NO			
A	10e. STREET AND NUMBER				10f. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?			
H	Rt.#1 Box 485				26753			U.			U.S.	Α.	
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 VES 2 No.										14. RACI	E — American Indian, k, White, atc.	
BY	1 Never Merried 2 Merried FORCES? 1 YES 2 No IF YES, GIVE WAR OR DATES				ff yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 🔀 NO Specify: Specify								
	15. DECEDENT'S EDU	CATION	16a, D	ECEDENT'S	USUAL O	CCUPATION	ON		16b. KIN	D OF BUS	SINESS/IN	DUSTRY	
	(Specify only highest grade	(Specify only highest grade completed)			(Give kind of work done during most of working life. Do NOT use retired.)			16b. KIND OF BUSINESS/INDUSTRY					
COMPLETED	12	Elementary/Secondary (0-12) College (1-4 or 5+)			ouse	wife	<u>:</u>			Н	lome		
ON	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, Meiden Surneme)				
BE C	Raymond Leonar	d Clites					V	iole	et Mae	Haes	e		
0 B	19s. INFORMANT'S NAME (Type/Print)								Route Number, C				
۲	A. William Bratt			Rt.#1	kt.#1 Box 485 Ridgeley,					Va.	2675	3	
	20s. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Rem	oval from State	other c	OF DISPO								- City or To	
	4 Donation 5 Other (Specify) Sun:			set Memorial Park						Cumberland, Md. 21502			
	21. SIGNATURE OF FUNERAL SERVICE LI		,		22.	NAME A	ND ADDRE	SS OF FA	CILITY	ral	Som	rico	
	Robert C. adams Silcon-Merritt Funeral Service 404 DEcatur St. Cumberland, Md. 2150									21502			
CERTIFICATION	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reapiratory erreat, abock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death Discrete To (or As A conscouence of): Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSCOUENCE OF):												
	PART ii. Other aignificant condition	ne contributing to	death but not	meuiting	in the u	nderivln	a ceuse	alven in	Part I 24	WASAN	AUTOPSY	241	. WERE AUTOPSY FINDINGS
EDICAL	Coronory Atry D'scare				William Co. C. C. C. C. C. C. C. C. C. C. C. C. C.				PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATM?	
Σ	,								-				1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				_	28 P	ACE OF	DEATH (C	neck only one)				
Sic	EXAMINER?	HOSPITAL:	ER/Outpatlant	2 DOA	OTHE	R:				analis ()			
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF	INJURY	28b. TIR			JURY AT	esidence	8 Other (Sp 28d, DE\$CRI		NJURY O	CCURED	
	1 Netural 5 Pending (Month, Dey, Year) INJUI												
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE C	F INJURY — At I	iome, farm,	street, fed	tory, offic		28f. LOCATION (Street and Number or Rural Route Number,					Route Number,
TED	3 Sucrope 8 Could not be building, stc. (Specify) City or Town, State)												
COMPLET	290. CERTIFIER 1 CERTIFYINO PHYS	SICIAN: To the best of	my knowledge, d	leath occur	red at the	time, det	and plac	e, and du	to the cause(s) and mai	nner aa st	ated.	
ME	one)												s) and manner as stated.
	206 SIGNATURE AND THE OF CENTIFIER					29c, LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year					D (Month, Day, Year)		
a // / Same /								•	7	23-90			
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)												
	Dr. R. Barrera, Me	emorial H	osnite1	Mode	Ca1	Bus	ldina	, r.	mhar1-	nd	MD	2150	12
	" FEB 2 6 1990	A. REGISTR	IR SHIGH TURE	11501	.car	DUL.	-a T11)	9 0	THINGT TO	titu •	TID	411	76
	LCD WA 1920	ANT SOUND STORY	- Construction										